MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDTIFICATE OF BEATH

DATEER 1 0

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		CE	KIIIICAIL OF	DLAIII			
1. DECEASED-NAME	First	Middle	Lost	2a. D	ATE OF DEATH	и	2b. HOUR
(Type or print)	Meady	Melinda Ap	pold		Mogth Boy	1969	6:25
3. SEX	4. RACE		S. DATE OF BII	RTH	6. AGE (In years	HE UNDER I YEAR	IF UNDER 24 HRS. HOURS MAIN.
Female	Wh	ite	1-2	9-1884	last birthday) 85 YRS.	MUNITS UNIS	TIOUKS MIN.
7a. BIRTHPLACE (State or for	7		MARRIED NEVER MAR	P. COU	ITY OF DEATH		
(ountry) W. Va.	17.5			CED 🗖	Allegany		N
10. CITY OR TOWN OF DEATH	11, N	AME OF HOSPITAL OR INSTI	TUTION (If not in hospital		PATION (Kind of work done	12b. KIND OF	BUSINESS OR
Cumberland		street oddress) Svlvan Retr	eat	during may of W	skipplifeven if retired.)	UDWATE YHO	ome.
13a. USUAL RESIDENCE (Whe	re deceased lived, it institut			13d. INSIDE CITY LIMITS?	130. STREET AND NUMBER	20 - D-	
odmission) STATE Manual and	13b. COUNTY	eceny	Comberland	YES NO	KL. #1 Vac	ceg ka.	
14. FATHER'S NAME Fir		Last	IS. MOTHER'S MA	IDEN NAME First	Middle		Last
To	ngenh	Wagner		Emily		Ker	rns
160. WAS DECEASED EVER IN		166. SOCIAL SECURITY NO	. 17. INFORMANT		406 Willaams	cices,	MO.
Yes, no. or unknown)	In Aos dies wer at mates on setting	None	neuman r	. Appold	400 WCCCALUMS		
18. CAUSE OF DEATH	(Enter anly one cause per li	ine far,(a), (b), and (c).)	1.				MATE INTERVAL INSET AND DEATH
PART I. DEATH W.	AS CAUSED BY: IMMEDIATE CAUSE (a)	2 11	M				
4369		AS A-CONSEQUENCE OF	Α .	-	_		
Conditions, if ony, whi	ich gave)	9000	alm al	NU	worden		
rise la immediate ca	use (a), (D)	AS ACONSEQUENCE OF	7				
stating the underlyin lost.	g cause	// Constantinct of					
	ICANT CONDITIONS CONTRIBE	ING TO DEATH BUT NOT	RELATED TO THE TERMINAL	DISEASE OR CONDITIO	N GIVEN IN PART I(a)		
TAKE Z. OTHER SIGNE	Company Continues	DATE OF THE STATE	THE THE PERSON	. Diggrape greening			
190. DATE OF OPERATION	19b. CONDITION FOR WI	HICH OPERATION WAS PERF	ORMED 20c. AUTO	PSY?	20b. IF YES. WERE FINDINGS C	ONSIDERED IN CE	ERTIFYING
FICA			YES 🔲	NO [T]	CAUSES OF DEATH?		
21g. ACCIDENT WAS U	NDERLYING 216. TIME O	OF INJURY			of injury in Port 1 or Port 2,	Item 18.1	
3 □ OR CONTRIBUTING □ CA	NUSE OF DEATH HOUR A.M.	Month Day Year		terror reserve	or injury in room or or any		
G OR CONTRIBUTING CO		# AT HOME, FARM, STREET, FACTO	RY.) 21f IOCATION Street	Lor P.E.D. No.	City or Town	County	State
While Not while	7	OFFICE BUILDING, ETC.	RY.) 21f. LOCATION Stree	OI K.I.D. NO.	City of Town	coomy	31370
of work of work	t /I) /this bosnital) att	anded the decorred	from 11.5	1960	to 2/5 10	14 that	(I) (wa) la
sow the deci	aced alive on	/ 4 ne deceosed	and that in (m	/) (qur) epinion d	to 2/3 19 eath occurred an the do	te and hour	and from th
couses state	d above, (I) (we) (did)	(did hot) view the bo	dy after deoth.	,, (doi) apiman a	dam occomba an ing ac	7	Direction in
22b. SIGNATURE			ATTENDA	O MED		DATE SIGNED	1 11
1100	(32 XX)	mon	DEGREE PHYS.	G MED. DIRECTOR	STAFF D	161	19
22d PHYSICIAN'S NAME (Type)	E dores	e M. B.	mons 22e. ADD	SE22	J Loop.	Curt	me
230. BURIAL, CREMATION,	23b. DATE	236 NAME OF CE	METERY OR CREMATORY	23d.	LOCATION (City or Town)	(County)	(Stote)
BELLOCAL Epecify)	2/7/69	wagner	Cemetery	D	an Run, Miner	al, W.	Va.
24. FUNERAL DIRECTOR		ADDRESS		25a. REC'D BY REGIS	TRAR 25b. REGISTRAR'S	SIGNATURE	
H. Ways	re George Cu	umberland. Mo	i.	DATECT 10	1000 Malina	No. Cred	lan

VR AT5 (4) 30M REV. 1/68

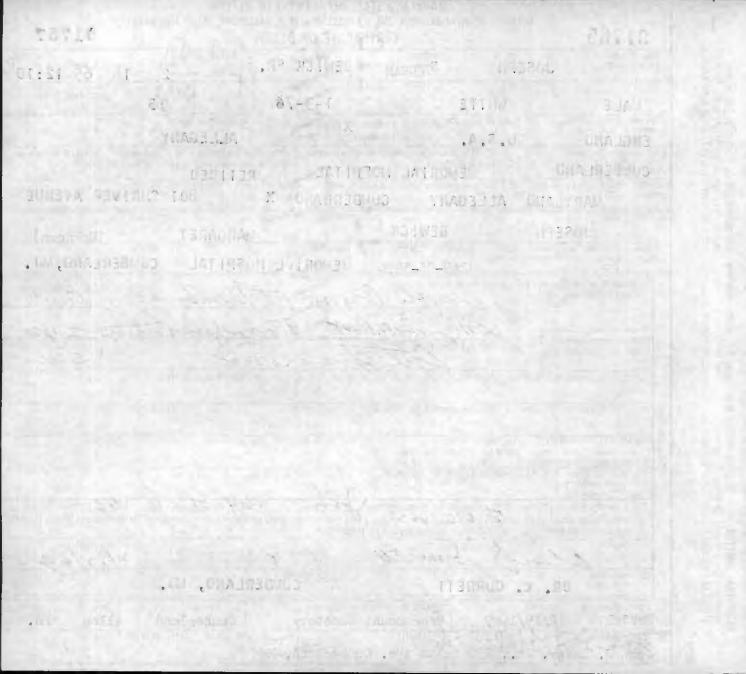
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 22 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01755 CERTIFICATE OF DEATH I. DECEASED-NAME 2b. HOU P First Middle Lost 20. DATE OF DEATH death. within 24 hours after death by the funeral (Type or print) FEBRUARY 69 PEARL BARTLETT 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR Cary birthdoy) WHITE 7-13-1901 FEMALE hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH E COUNTARYLAND U. S. A. DIVORCED WIDOWED | ALLEGANY within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12o. USUAL OCCUPATION (Kind of work done during his SEW) IF, Even if retired.) 12b. KIND OF BUSINESS OR MEMOR4:AL CUMBERLAND HOSPI TAL HOME 13a. USUAL RESIDENCE (Where deceosed lived) if institution: Residence before 13c. CITY OR TOWN odmission) STAGO VA 13b. COUNTY | NERAL RIDGELEY 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE VA Short Gap, W. Va. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Lost Middle BLANK PHILIP ficate be DICKEL gud 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (If yes give war or dates of service) Yes, na, or unknown) MEMORIAL HOSPITAL, CUMBERLAND, MD. OR ATTENDING PHYSICIAN: The law requires that the death cert 18. CAUSE OF DEATH (Enter only one coose per ine inche) BETWEEN OWSET AND DEATH PART I. DEATH WAS CAUSED BY: 0 DUE TO. OR AS A CONSEQUENCE OF Conditions, if only, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couses PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retained by the haspital ar attending has been 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? far use Health YES 🗍 this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF BEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED State While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from and that in (my) (bur) opinion death occurred on the date and hour and from the saw the deceased alive on_ director, page 3 should should be filed with the FUNERAL DIRECTOR: causes stared above. (1) (we) (old) (old nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADCUMBERLAND, NAME (Type) DR. R.J.WMS. MD. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) BYOYAL (Specify) Feb.10,1969 0 Springfield Cemetery Springfield . Ohio 250. REC'D BY REGISTRAR DATEFER 10 24. FUNERAL DIRECTOR 2Sb. REGIETRAR'S SUNATURE VH A15 (4) 45M - 1/69 James F. Scarpelli. Cumberland, Md.

PELOLE UNITE 1-19-1901 DY BERNYLAND U.S.A. X ALLEGIOLY CHIDERLAND DEGORIAL HOSPITAL HOUSEWISE W.VA. UINERAL RIDGILLY X RI. I LAND BERLAND PHRES DICKEL RECEIE M. BLANC PHRES DICKEL RECEIE M. BLANC UINDONIAL WOSPITAL, CUMBERLAND, ND.	81718						Cat (a)
HUPPLAND HERORIAL HOSPIJAL HOROSVIPE 1.7A. HINERAL RIDGELEY X HT. I PHILLP DICKEL HERORIAL NOTFITAL, CURBERLAND, NO.		PERHAPA	TI	DVIIAS		10	
SUPERIAND WEGGELS HOSPIJAL HOUSEWIFE V.YA. UNISAL RIDGELSY X NT. I PHILIP DICKEL SECUIE USBORTAL HOSPIJAL X NT. I USBORTAL SECUIE			1001-01	THE V			
PHRIP DICARL PERILEY X NT. 1 STAND PHRIP DICARL PERILE N. BUAN.		YUSSJA					
PHREE DICKE SECURE USBORIAL MOSPIAL, CUSBERLAND, DD.							
PHREE DICKE NOTETAL, CUUBERLAND, DU.	* *	1 .73	X-	Yaliadia	100000		. N. L . 1
CONTRACTOR							
			LEIGHT		.21	deset	.A2

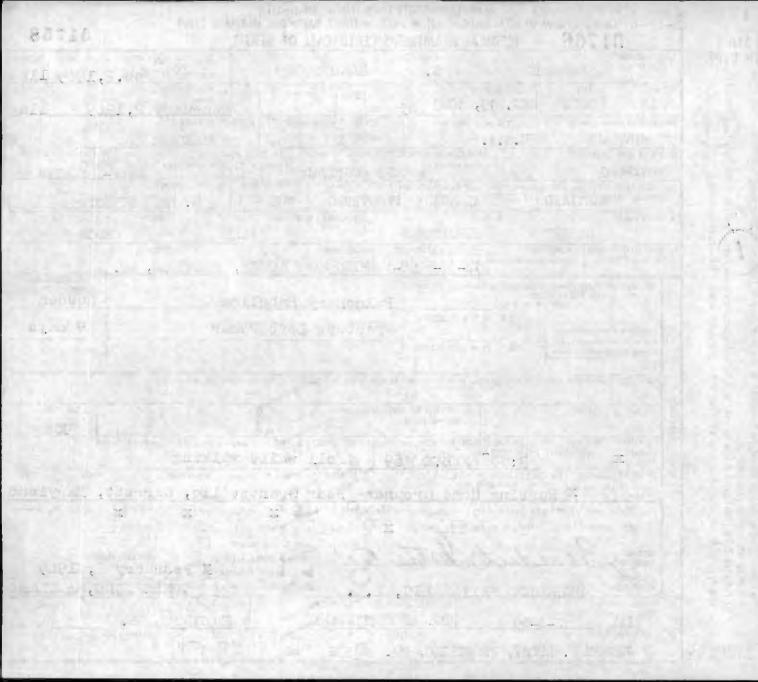
ADCER 21416 The same AND THE PROPERTY OF THE PARTY O Value Live Committee (Committee Committee Comm Solid Indianal Stay Sana BagTresmed . JE Mint James Limbourne . E . E Mint Petin St. ny . wit al spayota than and ship at the last The state of the s and the state of t order of the control the contraction to the contract to the contraction of Repert December 1 100 to the last the last the last



DATE

JOSEPH R. DURST, FROSTBURG, MD. 21532

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12b. KIND OF BUSINESS OR

Lost

BETWEEN ONSET AND DEATH

MONTHS

2b HOUR

County

State

22c. DATE SIGNED

(County)

JOSEPH R. JURST, FROSTBURG, MD.

be executed within 24 hours ofter death

The law requires that the death certificate

Page 4 may be retained by the hospital or attending physician.

completely filled in

physician

25b. REGISTRAR'S SIGNATURE

81767 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2g. DATE OF DEATH First ely filled in by the funeral bon papers. Edges 1 and 2 within 72 hours after death. Month C (Type or print) WALTER FRANKLIN BLANK FEB. G SEX 4 RACE S DATE OF BIRTH 6. AGE (in years last birthday) MALE NOV. 22, 1888 WHITE 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) MARYLAND ALIEGANY U.S.A. WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done during most of working life even fretired IN 9WEUENERSLAND CHMBERLAND NURSING HOME 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? admission) STATE 13b. COUNTY NO [NEW ROW MT. SAVACE ALLEGANY burial, cremotion, or removal, and in any 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle First **IEVI** BLANK FANNY WILHEIM 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, pg. or unknown) 214-01-0168 MRS. ROSE TUTTLE, MT. STORM, W. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit p Conditions, if any, which gave ? rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO | 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R F.D No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town While Not while at work 22a. I certify that (1) (this haspital) attended the deceased fram 3 2 , 1965, ta 2 9 , 1965, that (1) (we) last saw the deceased alive an 2 1965, and that in (my) (aur) appnian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE ATTENDING MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS BRINGS, M. NAME (Type) LEWIS 57 GREENE ST., CUMBERLAND, MD. 23c NAME OF CEMETERY OR CREMATORY 23a. BUR AL, CREMATION, 23b DATE 23d. LOCATION (City or Town) BUR LAT FEB. 12. 1969 METHODIST CEMETERY MT. SAVAGE, MD. 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS 30M REV



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01760 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2a. DATE OF DEATH 2b HOJPM The law requires that the death certifipate be executed within 24 haurs after death (Type or print) **JEROME** HUBERT BOCK 2 Month 10 4:40 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR OF JINDER 24 HRS. last birthday) MALE 2-8-10 WHITE director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pag shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs 70 BIRTHPLACE (State or Foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED X NEVER MARRIED physician and campietely filled in MARYLAND ALLEGANY US OF A WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in haspital 120 USDAt OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR **CUMBERLAND** PLUMBING EART HOSPITAL 130. USUAL RESIDENCE (Where deceased lived), if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? odmission) STATE 136. COUNTY MINERAL RIDGELEY YES X NO 12 JONES ST. 14. FATHER'S NAME First IS MOTHER'S MAIDEN NAME First Middle Last Middle Last **LEONARD JOSEPH** BOCK (STARNER) CHARLOTTE BOCK 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address 900 SETON DR. Yes no, or unknown) 221-10-0327 HOSPITAL RECORDS CUMBERLAND. MD. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE/OF Conditions, if any, which gave) rise to immediate cause (a), Page 4 may be retained by the haspital ar attending physician. stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | NO | O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us 21g. ACCIDENT WAS UNDERLYING 216 TAME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) TO DR CONTR BUTING CAUSE OF DEATH HOUR AM. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. 21e PLACE OF INJURY City or Town County State White Not while at wark 22a I certify that (I) (this haspital) attended the deceased from 19 , 19 , to fact, 19 , 19 , that (I) (we) last saw the deceased alive on fact from the last and from the couses stoted above, (1) (we) (did) (did not) view the body after deoth. 22b SIGNATURE 22c DATE SIGNED ATTENDING DEGREE -DIRECTOR 22d PHYS.CHAM'S 22e ADDRESS NAME (Type) BLANE M. SCHINDLER GREENE ST. CUMBEREAND. MD 23b. DATE 230 BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) BANGY LAS pecify) 2/13/69 Zion Memorial Park Cumberland. Allegany

WERAL DIRECTOR H. Wayne George ADDRESS
GEORGE FUNERAL HOME, 202 GREENE ST., CUMB.,

24 FUNERAL DIRECTOR H.

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MARYLAND STATE DEPARTMENT OF HEALTH

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L.	JUH	1	WILLIA	MM.	BRODE			Month 2	Doy 4	Yeor 69	10:40
3. SE		4 RACE			5. DATE OF BIRTH		1010	6. AGE (In year	rs IF UN		F UNDER 24 MRS
	IALE	WHI			DECEMBER	₹ 09,	1912	26 itthday)	YRS.	13 0413	MIR.
	IRTHPLACE (State or foreign	7b. CITIZEN USA	OF WHAT COUNTRY?	WIDOWED [LLEGA				Md.
(TY OR TOWN OF DEATH		11 NAME OF HOSPITAL OR INS 95ACRED HEART	HOSPI	TAL d.			Kind of work of SeeOFF1		L KIND OF BUILDUSTRY	SINESS OR
130. i	USJA. RESIDENCE (Where deci	eosed lived, if ii 13b COU	nstitution: Residence before NTY ALLEGANY	FROST		NO X		EET AND NUMBI			
	ATHER'S NAME First PHILLIP	Mid	BRODE	İ		NAME First	ТН	Mide	dle	SLEEM	Lost AN
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECURITY & 218-16-35		IFORMANT DSPITAL RE	ECORD,	900	SETON D			
	18. CAUSE OF DEATH (Enter	only one couse						4		APPROXIMAT BETWEEN ONSE	
	PART I DEATH WAS CAU	SEU BT. DIATE (AJSE (o)	OR AS A CONSEQUENCE OF	na	of po	incre	as	with		4 m	nthis
- 1 1	15/1		, OR AS A CONSEQUENCE OF				1	retaste	ces		
	Conditions, if any, which gov	(b)									
	stoting the underlying cous	DUE TO	, OR AS A CONSEQUENCE OF								
1 1	PART 2. OTHER SIGNIFICANT (ONDITIONS CON	TO DESTRUCT OF STATE OF STATE	T DELATED TO	THE TERMINAL DICE	AST OR COMPI	TION CIVEN	IN OADY 1/a)			
	TAKE 2. OTHER SIGNA CARE	- CONDITIONS CON	INTEGRATIO TO STATE DOT NO	OI KELAIEU IO	THE TEXTINAL DISE	ASE OR COMUII	IIOM GIACIA	IN PART (0)			
CERTIFICATION		b CONDITION FO	OR WHICH OPERATION WAS PER	RFORMED	20o. AUTOPSY?		20b 1F	YES, WERE FINDS	INGS CONSID	FRED IN CER	TIFYING
1 M	nne				YES [NO 🗌	CAUSES	OF DEATH?	yes	/	
롱	210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF CO	EATH HOUR	ME OF INJURY A.M. Month Day Year P.M. 19		W INJURY OCCURRED	Enter natu	ire of injury	in Port 1 or Pa	ort 2, Item 3	8.)	
	at wast.		URY (AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC		,		,	or Town		unty	State
	22a I certify that (I) (saw the deceased	this hospital)	ottended the decease	d fram	10 JAN	, 19 67	, ta <u> </u>	1-teo	, 19.67	, that ('	1) Lwel las
- 1 - 1	couses stated abo	ve. (I) (weld	did) (did not) view the l	oody ofter d	i mai in (my) toi eoth.	ar Topinion	death of	curred an fr	ne date ar	id hour on	id from the
- 1 1	£00363 310160 000									CICHED	1.
-1-1	22b SIGNATURE	u) s	1 : 10	2. DEGRI	ATTENDING E	MED	ng 🗆	STAFF D	22c DATE S	FPB	69
	22b. SIGNATURE Lucle 22d PHYSICIAN S	w x	Itasko h	n.J). DEGRI	22e ADDRESS			PHYS.	47	teb	6 <i>9</i>
230	22b SIGNATURE LUCIO 22d PHYSICIAN S NAME (Type) ANDR BURIAL CREMAT ON 23	w x	Stasko M KO, M.D.		22e ADDRESS 401 DE	CATUR	ST.,	CUMBER!	47	Feb MD. 2	
230	22b SIGNATURE LUCLE 22d PHYSICIAN S NAME (TYPE) ANDR	EW STAS	KO, M.D. 230 NAME, OF O	EMETERY OR O	220 ADDRESS 401 DEC	CATUR 23d	ST., LOCATION FROS	PHYS.	AND,	Heb MD. 2 COUNTY) EGANY,	(Stote)

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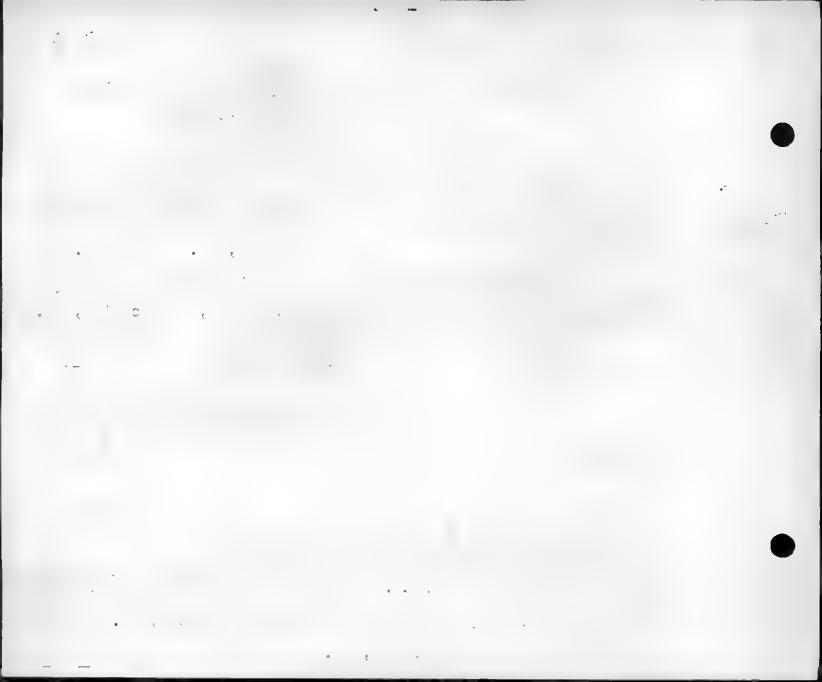
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		MEDICAL	EXAMINER'S	CERTIFICATE O	F DEATH		
1 DECEASED-NAME	First		Middle	Last		2a DATE KNOWN Month	Doy Year 2b HOU
(Type or Print)	Rodney		Cedric	Clegg	ett	DEATH MATED TEB	11,19698 352
3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE (In ye	IF UNDER 1 YEAR	F UNDER 24 HRS HOURS MIN.	2c DATE PRONOUNCED DEAD	Zd. HOU
Male	Colored	Nov. 3.19	968 3mo		HUUKS MIN.	FEBRUARY 1	1969 19 8:35a
7a BIRTHPLACE (Stat	te or foreign 75	CITIZEN OF WHAT CO	OUNTRY? 8	MARRIED NEVER MARRI	EDIFI 9 COL	JNTY OF DEATH	
Country Cumber	land Md	U.S.A.	,	WIDOWED DIVORC	ED 🔲	Allegany	,
10. CITY OR TOWN O	OF DEATH	11 NAME C	F HOSPITAL OR INSTITU	TION (If not in haspital	12a USUAL OC	CCUPATION (Kind of work done	
Cumber]	land Me	a gwastest	RIAL HOSPI	TAL-DOA	during most o	f working life, even if retired.)	INDUSTRY
13a HSLAL PESIDEN	CF (Where decorses	d wed, if institut an	Residence before 13c		NSIDE CITY LUNITS?	13e. STREET AND NUMBER	
admission) STAT	arvland	ASE COUNTY A11	egany Gu	mberland	ES 🖳 NO 🗌	928 Glenwood	Street
14. FATHER'S NAME	First	Middle	Last	15 MOTHER'S MAIDEN		Middle	Lost
Robe	rt T	William	Cleggett	Mary Lee	e Harve	v	
160. WAS DECEASED E	VER IN U.S. ARMED FO	RCES? 16b.	SOCIAL SECURITY NO.	17. INFORMANT	7 1144 9 6	ADDRESS	
(Yes, no, or unknow	WIT) (It yes give wo	er or dates of service)	None	Wr. Robert	W. Cla	gett Cumberla	nd Md.
	F DEATH (Enter only	one cause per line fa					APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
	DERIHA'S CAU HTARD		1.09	UTE PULMONAP	Y EDEM		1-2 Hours
1 4	# RAPPLDIATI		CONSEQUENCE OF				
Conditions, if	ony, which gove	(b)		NGENITAL HEA	ART DISE	EASE	
rise to immer	diate cause (a), (CONSEQUENCE OF				
last.)	(c)					
PART 2 OTHER	SIGNIFICANT CONDIT	IONS CONTRIBUTING T	O DEATH BUT NOT RELA	TED TO THE TERMINAL DISE	ASE OR COND TIC	ON GIVEN IN PART 1(0)	
_							
190. DATE OF	OPERATION	19b.	CONDITION FOR WHICH	OPERATION			20. AUTOPSY?
190. DATE OF 1			WAS PERFORMED?				YES NO 🗌
			RY Manth, Day, Year	21c HOW INJURY OCCU	RRED (Enter natu	ire of injury in Part 1 or Part 2,	Item 18.)
CAUSE OF DEA	OR CONTRIBUTING [P M.	19				
410 III20X) 01	1 .	ACE OF INJURY (At hor		21f. LOCATION Street or F	₹ F.D. No.	City or Town	County Store
WHILE AT WORK	NOT WHILE TOTAL AT WORK	ary, affice building, etc	٠,)				
22o. I	certify that I ta	ak charge of the re	mains described at	ave, held an Autops	y 📆 in:	spection 📆, Inquiry 🕻	T), and in my opinio
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ACTUAL SIGNATUREX	Lenea	uctx) &	Marales	TELESA GU	ANT MEDICAL EXA	MAINER 22b DAT	TE SIGNED
EXAMINER'S				DEPUTY	Y MEDICAL EXAM	INER II February	
NAME (Type)	ENVEDIO	T SKITARE	LIC, M.D.	ADDRE	SS(Street, city, to	own, or countermine LA	ND, MARYLAND
230. BURIAL, CREMA	ATION, 23b C	DATE	23c NAME OF CEME	TERY OR CREMATORY	23d	LOCATION (City or Town)	(County) (State)
Buria	2	/13/69	Woodlawn	Cemetery		umberland, A	llageny MA
24. FUNERAL DIREC	TOR Paris	Stein J	nc. ADDRESS	25	Sa. RECD BY RE	GISTRAR 256 REGISTRAR 3 1969	S SIGNATURE
Louis Ste	ein Inc.	ت درسی	Cumbe	erland Md. D	ATE L E D T	3 1369	-1



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01765 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT: 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. STATE Maryland o. COUNTY any delay is 1, 2, and 3 to n PM3. Page b. COUNTY Allegany the State Department of MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 1b Lonaconing Lonaconing d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS fice clang with form Give Pages 1, Railroad Street Railroad Street NO T e executed within 24 haurs after death. pending" in pencl in Item 18. Sive Page: 3 NAME OF Middle 4 DATE DECEASED CORRIGAN (Type or print) DEATH IF UNDER 24 HRS AGE (In years last birthday) 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH Months I buria, cremation, ar remayal, and in any event within 72 haurs after death. 8/14/1898 White WIDOWED DIVORCED 10o USUA, OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? 106 KIND OF BUSINESS OR during most of working fe, even if retired) Gilmore, Md.

14. MOTHER'S MAIDEN NAME e certificate, writing the ward "pending" in pencl in should be farwarded to the Chief Medical Examiner's Housewife USA. 13 FATHER S NAME Beeman William Duckworth Rachael 17 INFORMANT (Husband) 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) Frank Corrigan, Lonaconing, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I, DEATH WAS CAUSED BY burial-transit ONSET AND DEATH Coronary Occlusion IMMEDIATE CAUSE (o) DUE TO Coronary Sclerosis Conditions, Forth, which gave rise to immediate couse (o). DUE TO stoting the underlying couse be used PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND.T.ON GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? the certificate, NO A pΚ 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port I of item 1B.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20f (City or town) (County) (Stote) 5 may be retained far yaur fi TO FUNERAL DIRECTOR: Page 3 Health priar to buria, cremativ foctory, street, office bldg., etc.) ot work of work 21 I certify that I taak charge of the remains described above, held an Autapsy , Inspection X, Inquiry X, and in my apinian death resulted from: Natural causes 📆, Accident 📋, Suicide 📋, Homicide 📋 Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER 2/2/1969 DEPUTY MFD CAL EXAMINER **EXAMINER'S** BENEDICT SKITARELIC. M.D. Address (Street, city, town or councumberland, Maryland NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF (County) 230. BURIAL, CREMATION 2/4/1969 Laurel Hill Cemetery Moscow. MD. ADDRESS 25c. REC D BY REGISTRAR 24 FUNERAL DIRECTOR 2Sb REGISTRAR'S SIGNATURE VR A15ME (5) Lonaconing, Md. George Eichhorn 1969 6M 1/67



2b HOUR

2:50AM

12b KIND OF BUSINESS OR

Blackburn

BETWEEN ONSET AND GEATH

Stote

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01766 CERTIFICATE OF DEATH

DECEASED NAME First Middle Lost 20. DATE OF DEATH Month 23 (Type or pont) Elizabeth Corstorphine В. Feb. 6 AGE (In years lost birthdoy) 84 4. RACE S. DATE OF BIRTH 3. SEX 9/30/84 White Female 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED F Allegany Scotland U.S.A. WIDOWED [DIVORCED | 12o USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) during most of working life, even if retired.)
Sales Clerk Sylvan Retreat Cumberland 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER ony event, 13H INSIDE CITY LIMITS? 13b. COUNTY YES 💂 Maryland Lonaconing Park Place 15. MOTHER'S MAIDEN NAME First 14 FATHERS NAME First Middle Lost Corstorphine Margaret George 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) George Gardner Lonaconing. 217-03-2043-18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c) PART 1. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (o) "Nephew" Conditions, if ony, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSFOUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL 190. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? NO [YES [T] 210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d INDIRY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town While Not while at work 22a. I certify that (I) (this hospital) ottended the deceased from April 15, 1967, to Feb. 25, 1969, that (I) (we) tast the deceased alive an arrange of the deceased from the deceased from the deceased alive and the deceased from the deceased fro causes stated above, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURI ATTENDING STAFF PHYS. MED. DIRECTOR DEGREE PHYS 22d PHYSICIAN'S 22e ADDRESS director, should b 23d. LOCATION (Cry or Town) 23b. DATE NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION Oak Hill Cemetery Lonaconing 2/25/ 69 ADDRESS 25b REGISTRAR'S SIGNATURE

'O FUNERAL DIRECTOR: After this certificate hos been

within 24 hours after death

executed

requires that the death certificate be

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George Eichhorn

Lonaconing, Md.

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(County) (Stote)

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OR ATTENDING PHYSICIAN: III. low requins that the leath certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending

this certificate

TO FUNERAL DIRECTOR:

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George



MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH 01770 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2a. DATE OF DEATH + DECEASED NAME First Middle Last an papers. Pages 1 and 2 be executed within 24 haurs after death (Type or print) campletely filled in by the funeral ove carban papers. Pages 1 and 969 Dick Margaret Loretta February -M. 6. AGE (In years IF UNDER 24 HRS. 3. SEX S. DATE OF BIRTH IF LINDER LYEAR 4 RACE last hirthday) 1/13/1878 DAYS White Female 7o. BIRTHPLACE (State or foreign **9 COUNTY OF DEATH** 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED [] NEVER MARRIED [] country) Maryland Allegany County U. S. A. WIDOWED KT DIVORCED | 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital IO. CITY OR TOWN OF DEATH 12o USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired)
Housewife Allegany Coun INQUSTRY Cumberland Infirmary County Own home burial, crematian, or remaval, and in any event. 13o USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13b COUNTY Allegany Cumberland YES X Allegany edse remove, Street 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First First Middle Bridget Charles Morgan Moran 166 SOCIAL SECURITY NO 17. INFORMANT P. O. Box 599, Address umber 214-07-5002-D Allegany County Infirmary The law requires that the death certificate physicia Addres umber land. Md. 16g WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) records a APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter any one cause per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burnal-transit p Conditions, if ony/ which gove) rise to immediate couse (o), ONSEQUENCE OF DUE TO, OR AS stating the underlying causes O FUNERAL DIRECTOR: After this certificate has been signed last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION use as the balth priar tab Page 4 may be retained by the haspital ar attending 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 19a. DATE OF OPERATION CAUSES OF DEATH? NO K YES af Health 21a, ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 216 TIME OF INJURY ğ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical exominer) directar, page 3 shauld be detache shauld be filed with the State Dept. 21d NURY OCCURRED (AT HOME FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No 21e PLACE OF INJURY City or Town County Stote While Nat while at wark 22a | certify that (1) (this hospital) attended the deceased from / , and that in (my) (aur) apinlan death accurred on the date and haur and from the 3 should 22b. SIGNATURE 22c DATE SIGNED DEGREE DIRECTOR PHYSIC AN S NAME (Type) 23d LOCATION (City/of Town) 23a. BURIAL, CREMATION 236 DATE NAME OF CEMETERY OR CREMATORY (Caunty) (State) REMOVAL (Specety) St. Peter's Cemetery Alleganu 2/7/69 Westernport. 24. FUNERAL DIRECTOR 25g. REC'D BY REG STRAR 2Sb REGISTRAR S SIGNATURI Williamston H. Wayne George Cumberland. Md. 30M REV. 13/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FilmGulo 3/14/69 kk CERTIFICATE OF DEATH 20. DATE OF DEATH @ Month Last 1 DECEASED-NAME First Middle death. physician and campletely filled in by the funeral en please remove carban papers. Pages 1 and aval, add in any event, within 72 hours after death (Type or print) Eirich Charles Lewis February 4. RACE S. DATE OF BIRTH 1F UNDER 1 YEAR 3. SEX 6. AGE (In years last birthday) Male White 5/21/1886 9. COUNTY OF DEATH 7a, BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED MEVER MARRIED (dunity) Maryland Allegany County Allegany WIDOWED F DIVORCED [7] 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Allegany County Infirmary 12g. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during most of working! fe, even if retired.) Retired: Laborer INDUSTRY B ac Cumberland 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 1/3c CITY OR TOWN 13d HISTOR CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY CumberlandYES 759 Maryland Avenue lleganv IS, MOTHER S MAIDEN NAME First Middle Drainer First Middle Last Martin Joseph Eirich Crutchley Addresumber land. Md. 17 INFORMANT P.O.Box 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Yes, na. or unknown) (If yes give wor or dates of service) Allegany County Infirmary records. burial, crematian, or remayal, 214-05-9294 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditians, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar to l 19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? MO 🗌 of for use YES 🔲 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED. (Enter pature of injury in Part 1 or Part 2, Item 181) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f. LOCATION Street or R f D No. County State City or Town While Not while of work 220. I certify that (I) (this hospital) oftended the deceased from FOD. 7., 19.69, to FOD. 21, 19.69, that (I) (we) last saw the deceased alive on FOD. 211, 19.69, and that in (my) (our) opinion death occurred on the date and hour and from the with the couses stated above, (1) (we) (did) (did not) view the body after deoth. 22b SIGNATURE 22c DATE SIGNED STAFF PHYS. director, page 3 shauld be filed DIRECTOR B 22e ADDRESS 22d. PHYSICIAN'S NAME (Type Memorial Hospital, Cumberland, Md. 23b DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION (Caunty) REMOVAL (Specity) Rose Hill Cemetery Cumberland, Allegany, Md. 2Sq REC'D BY REGISTRAR 25b REG STRAR'S SIGNATURE Scarpelli, Cumberland, Md.

The law requires that the death certificate be executed within 24 haurs after death

the attending p

signed by the burial-transit p

be retained by the haspital ar attending

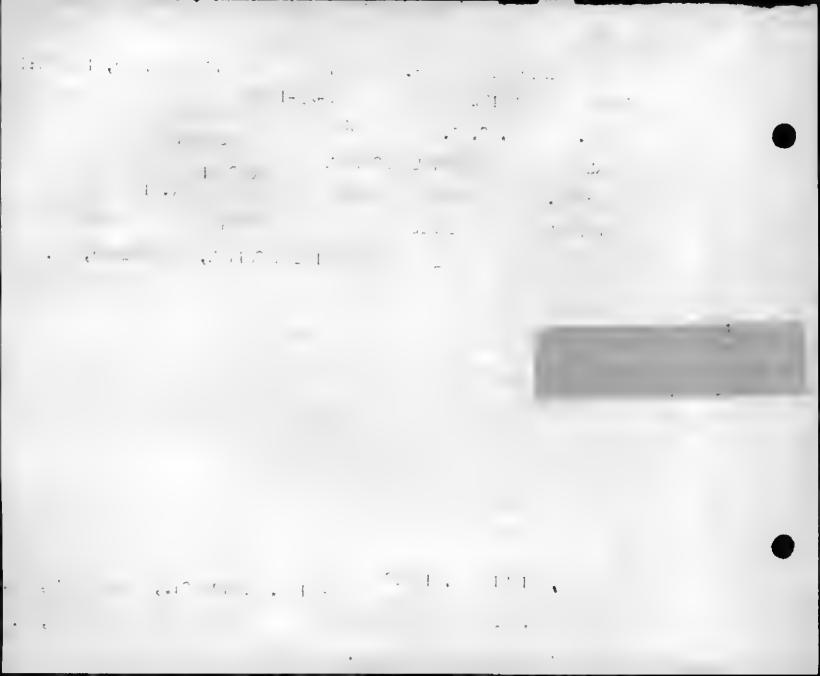
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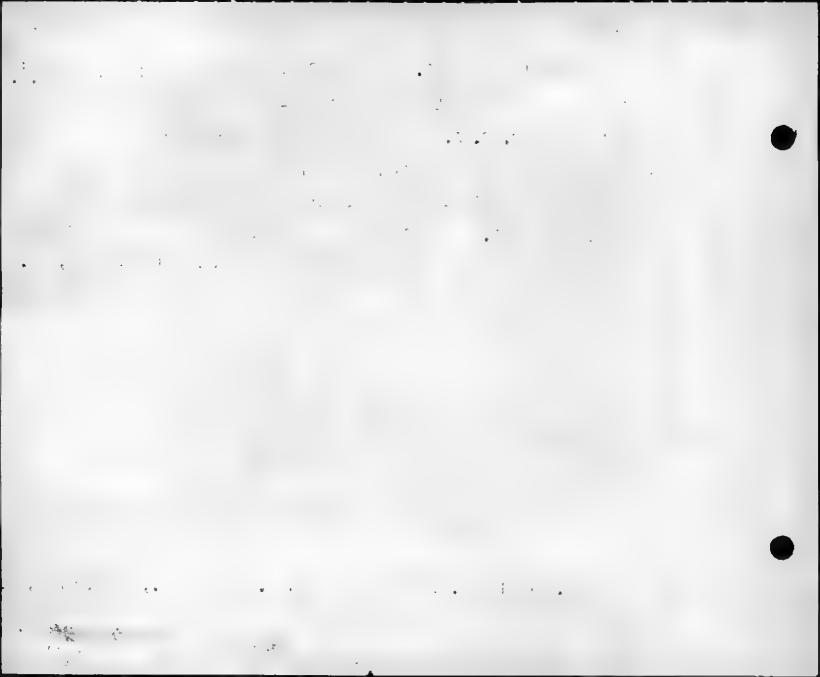
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH



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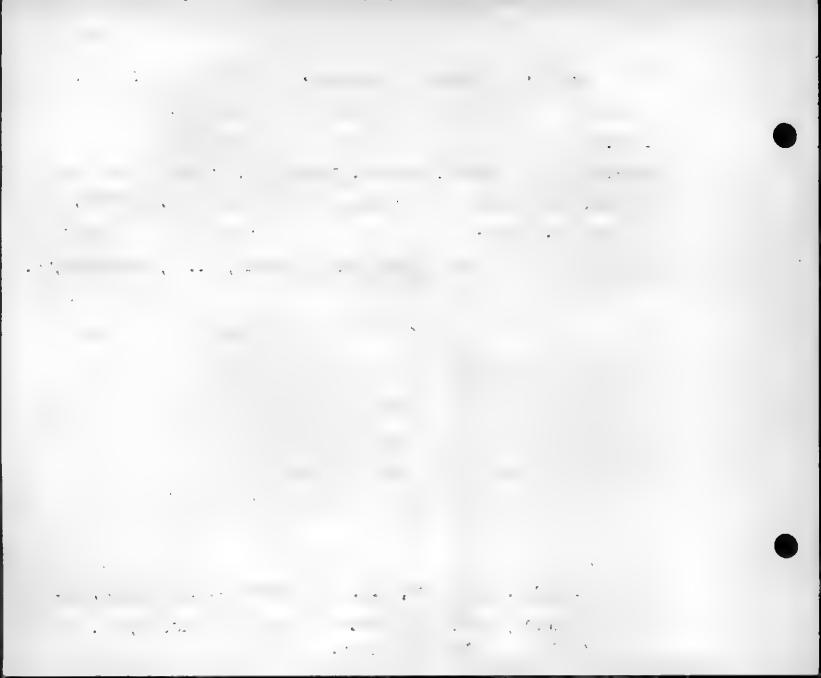


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1.00	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							017	ウェ
A.4.	CENTIFICATE OF DEATH						011		
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fter es l ess l	3. SE		4. RACE		S. DATE OF BIRTH	6.	AGE (In years	IF UNDER 1 YEAR MONTHS 1 DAYS	IF UNDER 24 HRS.
ors afte bages ors affe		MALE	WHITE		11-11-189		ast birthoay) YRS.		
hau hau	7o. f		75 CITIZEN OF WHAT COUNTR	MAKKILD		9. COUNTY OF DE			
24 apper n 72		WARTLAND	U.S.A.	WIDOWED		ALLEGA		I say min	Md
Despitat or attending Physician: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. Description of the haspital or attending physician. Description of the properties of the certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages, I and should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after-death		UMBERLAND	give street addre	PITAL OR INSTITUTION (IF	OSPITAL during m	AL OCCUPAT ON (Ki ast of warking life HINIST		125. KIND OF	
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sign bhy buri buri		PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN	PART 1(a)		
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trenct to be for the control of the	CERTIFICAT ON	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATI	ON WAS PERFORMED	20a. AUTOPSY?	CALLEGE OF	, WERE FINDINGS CO DEATH?	ONSIDERED IN CE	RTIFYING
The seed of the se	ERTIF	21a ACCIDENT WAS UNDERLYING	VOID TIME OF HUMBY	la:	YES NO	,		. 361	
IDING PHYSICIAN: The law ray by the haspital ar attending After this certificate has been a be detached far use as the state Dept. af Health priar ta		OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	215. TIME OF INJURY HOUR A.M. Manth (Day Year	IOW INJURY OCCURRED (Ente	r nature at injury ii	e Part T ar Part 2, l	rem 18.)	
rspit aspit ertil	MEDICAL	2. 4 MINURY OCCURRED LOT- 1	EF) P.M.	19	OCATION Street or R.F.D. No.	Color and	Tour	Country	S4-4-
G PHYSIC the haspii this certi detached		***************************************	LACE OF INJURY (AT HOME, FAI			,		County	State
NG V th er th a de		at work at work 22a certify that (1) (this	hasnital) attended the	derensed from	nd thát in (my) (our) op death.	to la	6-11 10	6 / that	(1) (wa) last
Afr d by d by e Str		22a. I certify that (I) (this saw the deceased ali	ve an		nd that in (my) (our) op	inion death acci	urred on the do	te and hour	and from the
OR: OR: Dauline		causes stated abave,	(I) (we) (did) (did not)	view the body ofter	death.				
R A ret		22b. SIGNATURE	1t.)-1				TAFF D 22c. I	DATE SIGNED	,
Dige billed		22d. PHYSICIAN'S	rue na	DEG	REE PHYS 22e. ADDRESS	PIRECTOR L	HYS L	118/6	9
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burnal-transhauld be filed with the State Dept. of Health priar ta burnal, creased.		NAME (Type) BLANE	M. SCHINDL	ER,M.D.	43 GREEN	ST.,	UMBERLA	ND, ME	i.
HOS gge 4 FUN rectte	2 3 a	BURIAL, CREMATION, 23b. De	ATE 23c	NAME OF CEMETERY OF	RCREMATORY	Z3d LOCATION (City or Town)	(County)	(State)
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VR AIS DO	24.	FUNERAL DIRECTOR BYRON KIGHT	Cinana	ADDRESS	250 REG	REGISTRAR 196	956 REBISTRARY	YOMAGER !	0
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MARYLAND STATE DEPARTMENT OF HEALTH 01785 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01777 CERTIFICATE OF DEATH DECEASED NAME First Middle tast 20. DATE OF DEATH 2b. HOUR death. be execute within 24 hours after leath funeral (Type or print) DOROTHY ANGELA HENDRICKS 6 AGE (In years 3. SEX 4. RACE S DATE OF BIRTH IF UNDER 1 YEAR and carreletely filled in by the remove carban papers. Pages n any event, within 72 hours last birthday)
67 JUNE 28,1901 FEMALE WHITE 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B MARRIED NEVER MARRIED WIDOWED X DIVORCED -ALLEGANY MARYLAND USA IO. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR INDUSTRY R SCHOOLS CONV. CENTER R CUMBERLAND 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIM TS? admission) STATE BOX 88. ROUTE CUMBERLAND and in any 14. FATHER'S NAME Middle **First** Lost IS, MOTHER'S MAIDEN NAME First Lost PETER T. FOOTEN JULIA KELLY physician requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no or unknown) ar removal, 234 62 2659 3.Cumberland JULIA SIEHLER 18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c), BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y. IMMEDIATE CAUSE (a) DUE TO, OR AS A SOMSEQUENCE OF burial, crematian, Conditions, if any, which gave) burial-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse physician. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar to l O FUNERAL DIRECTOR: After this certificate has been use as the CERTIFICATION 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? YES 🖂 NO F 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) Ē Page 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. P.M. (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while at wark 220. I certify that (1) (this hospital) attended the deceased from 1968, to 1968, to 1969, that (1) (we) lost sow the deceased alive on 1969, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE_SIGNED **ATTENDING** STAFF PHYS. director, page 3 shauld be filed v DEGREE DIRECTOR PHYS 22d. PHYSICIMN'S 22e ADDRESS NAME (Type) SCHINDLER M.D. 43 GREENE ST. BLANE CUMBERT AND 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE 23g BURIAL, CREMATION, (State) HILLCREST BURIAL PARK CUMBERLAND 25a. REGO BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS CUMBERLAND, MD. BYRON KIGHT 30M REV.



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1		04707	DIVISION OF V	/ITAL RECORDS,	301 W. PF	ESTON STREET,	BALTIMORE	, MARYLAND 21	201		
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hours n by t s. Pa hours	70. 600	BIRTHPLACE (State or foreign	76 CITIZEN OF WHA	T COUNTRY?	8. MARRIED [NEVER MARR ED	9. COUN	ITY OF DEATH			
in 24 hours after death filled in by the funeral papers. Pages Hours after death thin 72 hours after death		COMB . MD.			WIDOWED [ALLEGA			Md
within 24 ho ely filled in labon papers. within 72 ho		ITY OR TOWN OF DEATH	give str	AE OF HOSPITAL OR INS eet oddress)		dur	⊐ USUA⊾ OCCUF rina most o£wa	ATTON (Kind of worl	k done 12b	KIND OF BUSI	NESS OR
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PHYSICIAN: The law raquires that the death certificate be executed within e hospital or attending physician. The first certificate has been signed by the attending physician and completely fills toched for use as the burial-transit permit. Then please remove corban posts to fleatth prior to burial, crematian, or removal, and in any event, within	odm	USUAL RESIDENCE (Where decersion) STATE Value 1 decer	DE COUNTY	Morgan Allegany	-CAmpe	rland YES	DE CITY LIMITS?	13e STREET AND NUM	Hospit	ester	St.
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Ing Ing Tem		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only and cause per line	far (a), (b), and (c)	P.0	Tit				APPROXIMATE I BETWEEN ONSET A	NO DEATH
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s lay	CERTIFICATION	190. DATE OF OPERATION 195	b. CONDITION FOR WHICH	H OPERATION WAS PER	FORMED	20a. AUTOPSY?		20b. IF YES, WERE FIN CAUSES OF DEATH?	Dings consider	ED IN CERTIF	YING
Transpersion X	ERT	Ol- ACCIDENT MAC UNDERLY	110				NO []				
olo olo ficot for Hec	ਤ	21 a ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.	Month Day Year	21c. HO	W INJURY OCCURRED	(Enter nature	of noury in Part I or	Part 2, Item 18	}	
Sport	WED	(If either, natify medical exam	niner) P.M.	T HOME EARM STREET EAC	(1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ATION Street or R.F.	D. No.	(A T			Carte
PH) ne ha his etocl Dep		While Not while at work	e PLACE OF INJURY (A	OFFICE BUILDING ETC.	211. 101	ATION Siteet of K.F	.D NO	City or Town	Count	y	Stote
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ed bed bed bed bed bed bed bed bed bed b		22a. I certify that (I) (t saw the deceased	olive on ##	169	, ond	that in (my) (ou	r) apınian de	oth occurred on	the date ond	haur and	fram the
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OR ATTENDING De retoined by it MECTOR: After it MECTOR: A		M.a.	Deller	mo.	DEGRE	ATTENDING PHYS	MED. DIRECTOR	STAFF PHYS	22c DATE SIG	1- /2 Q	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law raquires the Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, are		NAME (Type) Dr.	R. A. Re			112	Oraza.	for	1. Con	herling	L, mel
HO Oge FUN hour	23a		DATE	23c NAME OF C				OCAT ON (City or Tow			rdre)
57 5 b	<u> </u>		eb.5,1969	Davis	Memor	ial Cemet	cery C	umberlan		gany, N	1d.
VR A15	24	funeral director James F. Sca	rpelli. C	22491118		2Sa R	FEB	RAR 2Sb REGI	ISTRAR S. SIGNAT.		gas.
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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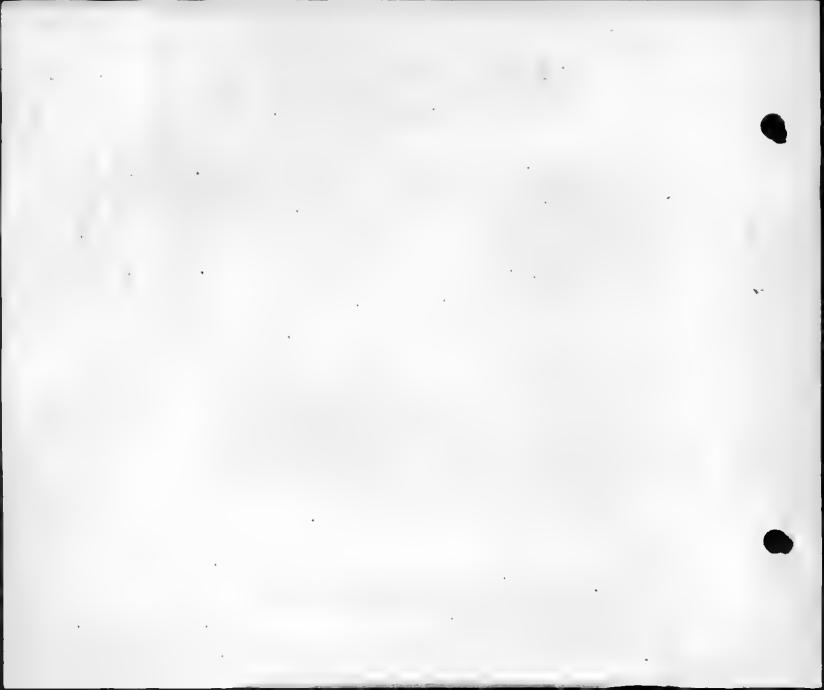
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TO FUNERAL DIREC

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MARYLAND STATE DEPARTMENT OF HEALTH 01789 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01781 CERTIFICATE OF DEATH DECEASED-NAME First Middle death. Lost 20. DATE OF DEATH 26 HOUR P within 24 haurs after death physician and camplefely filled in by the funeral (Type or print) **GENEVIEVE** MARY! JOLLEY aurs after 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (n years F JNDER 1 YEAR last birthday) FEMALE WHITE 06-17-91 YRS 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) MARYLAND burial, crematian, or removal, and in any event, within 1/2 U.S.A. WIDOWEDYY DIVORCED ALLEGANY COUNTY. 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (final in hospital 12a USUAL OCCUPATION (Kind of work done 914 SACREDS HEART HOSPITAL during mast of working life, even if retired) NAUSTRY home **CUMBERLAND** 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY (IM TS? 13e STREET AND NUMBER executed odmission) STATMARYLAND 13b. COUNTY ALLEGANY CUMBERLAND YESKY NO 739 FAYETTE STREET 14. FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle last BENJAMIN WALTERS PIFFER) MARY ELIZABETH O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be WALTERS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT MD. 21502 Address Yes, go, or unknown) (If yes give war or dates of service) None SACRED HEART HOSPITAL, 900 SETON DR., CUMB., APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave t burial transit use to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) O NUNERAL MIRICTOR: After this certificate has been director, page 3 should be detached for use as the director, page 3 should be detached for use as the should be filed with the State Dept. af Health priar to 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO [210 ACCIDENT WAS UNDERLYING 216 TIME OF INBIRY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) FOR CONTRIBUTING FICAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City of Tawn County State While Mat while at work at work 220. I certify that (!) (this hospital) attended the deceased from 9 Web, 1968, to 25 26, 1969, that (IV (we) last saw the deceased alive on 2 1969, and that in (my) (our) apinian death occurred on the date and haur and from the couses stated above (1) (we) (did) (did not) view the body after death 22b. SIGNATURE 22c DATE SIGNED ATTENDING DEGREE PHYS. DIRECTOR 22d. PHYSIC, AN'S 22e ADDRESS MILTENBERGER, M.D. 122 S. CENTRE ST., CUMB., 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)
Cumberland 23b. DATE 23a. BURIAL CREMATION 2/28/69 Rose Hill Cemetery FUNERAL HOME, 202 GREENE ST., CUMB., MD BAIL

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Poge 4 may be retained by the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificote hos been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the buriol-transit permit. Then please-femove carbon papers. Page should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours of

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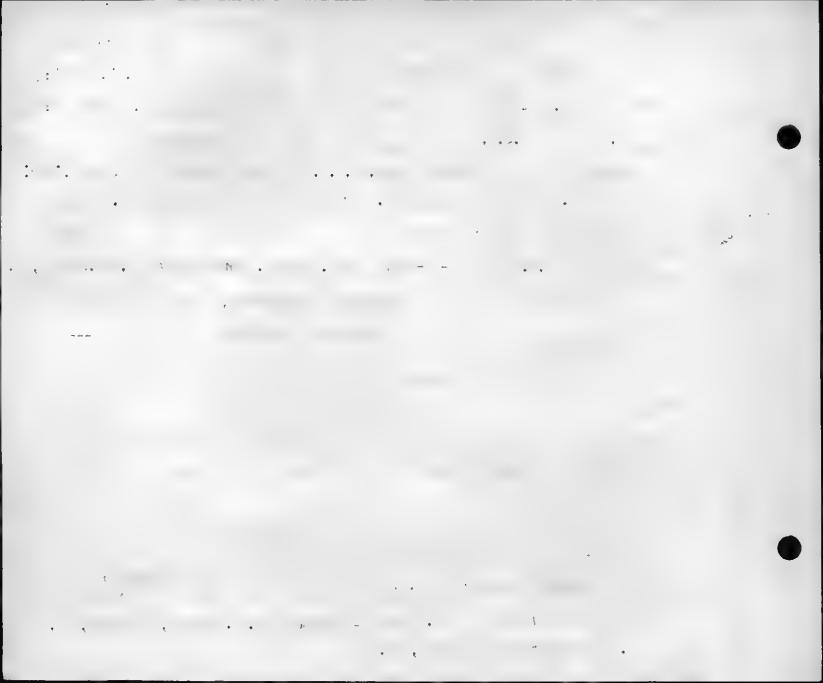
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	DECEASED-NAME	First		Middle		Lost		2a.	DATE OF			.,	2b	HOUR
	(Type or print)	HELE	NA	L.		LOAR		1	EB.	Month 21	Doy19	6900	(de	AM
3	SEX	4 RA	Œ			S. DATE OF				6 AGE (In years last birthday)	tF.	JNDER 1 YEAR	IF UNDER	R 24 HRS.
	FEMALE		WHITE			JULY	29,	1902		66 Y	RS.	AIH2 DATS	TOURS	Mill
7a.	BIRTHPLACE (State or fare	gn 7b. CITIZ	EN OF WHAT CO	DUNTRY?	B MARRIE	NEVER N	ARRIED [9 COL	INTY OF	DEATH				
tu	PENNSYLVANI	A	U.S.A.		WIDOWE		ORCED [AL	LEGANY				Md
10.	CITY OR TOWN OF DEATH		11 NAME O	F HOSPITAL OR INS	TITUTION (I	f nat in haspita	120.			(Kind of work do		2b KIND OF	BUSINES	S OR
_	FROSTBURG				OSPIT					life, even if retire				
13a	usual RESIDENCE (Where mission) STATEMARYI	AND 13b	if institution: R	esidence before EGANY	FROS	TBURG	YES T	NO K		REET AND NUMBER				
14	FATHER'S NAME First		Middle	Lost		15. MOTHER'S	MAIDEN NA	ME First		Middle			Last	
	ERNES			NDERKNE	CHT		L	AZIUO			RUE	TGER		
16	a. WAS DECEASED EVER IN t Yes, na, ar unknown) (If	IS ARMED FORC		SOCIAL SECURITY N		INFORMANT				Address				
	Tes, no, or onknowing	J = g 10 110 0 00 00 00 0	21	4-48-31	50	GEO.	F. LO.	AR, B)X 4'	76, RT.	1, F			
	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)								BETWEEN O	MATE INTER				
	PART I. DEATH WAS CAUSED BY WAS CAUSED BY IMMEDIATE CAUSE (a)								2	4-6	cro-			
1	1100 DUE TO, OR AS A CONSEQUENCE OF									Yo				
П	Conditions, if ony, which	e (a).	(b)				/\ <i>t</i>	<i>,</i>				peo	w	_
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Н	DADE 2 OFFICE CONTROLLE CONTRIBUTION TO DEATH BUT NOT DELATED TO THE TERMINAL DISEASE OF CONDITION CHICA IN DART 1/2)													
	PART 2 OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)													
TION	19a, DATE OF OPERATION	19b. CONDITIO	N FOR WHICH O	PERATION WAS PER	REORMED	20g Al	TOPSY?		20b. IF	YES, WERE FINDING	GS CONS	IDERED IN C	ERTIFYIN	G
CERTIFICATION						YES		0 0		OF DEATH?				
		DERLYING 21	b. TIME OF INJU	RY	21c.	HOW INJURY	OCCURRED	(Enter natur	s of injur	y in Port I or Part	2, Item	18.]		
MEDICAL	OR CONTRIBLITING CAUS		DUR A.M. Mo P M	oth Day Year						,		,		
MEC		21a, PLACE OF		HME, FARM, STREET, FAC E BUILDING, ETC.		LOCATION S	reet or R.F.I	D No	City	or Town	C	ounty	-	State
	While Not while at work		(Urric	BUILDING, EIL.		,	1.			11				
	22a. I certify that	(I) (this hospi	ital) attende	d the decease	d fram_	2/20/	64.	19	to_2	121/6.		, that		re) l ast
П	saw the deceased glive an													
Н	causes stated abave, (1) (we) (did) (did nat) view the bady after death.													
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П	22d. PHYSTOUN'S				1		DDRESS		-					
	hAME (Type)	JOHN B.	DAVIS,	м. D.			BRO.	ADWAY,	FRO	OSTBURG,	MD.			
230	BURIAL, CREMATION,	23b. DATE		23c. NAME OF	CEMETERY C	R CREMATORY		23d	10CATIO	N (City or Town)	((County)	(State	e)
	BURLAL (Specify)	FEB. 2	3, 1969		et me	MORIAL				ERLAND,				
24	FUNERAL DIRECTOR	f) III) com	DDAGET	ADDRESS		~~~		C'D BY REG	STRAR	25b REGISTR	ARS SIGI			
	JOSEPH R.	DURST,	FROSTE	oung, MD	. 21	532	DATE	EB 2 4	198	39 PELL	Bure	y Jaco	44	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01784 MEDICAL EXAMINER'S CERTIFICATE OF DEATH First M-ddle 20 DATE KNOWN Month Doy I DECEASED NAME (Type or Print) Havry Wilbur Long DEATH MATED Feb. 14.1969 LELODM E UNDER I YEAR IE UNDER 24 HRS 4 RACE S DATE OF BIRTH 6 AGE (n years 2c DATE PRONOUNCED DEAD 55 YRS February 199 Male. Сац. 2/2/14 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) Md. U.S.A. WIDOWED [Allegany DIVORCED [in. Item 18. Give Pages 126 KIND OF BUSINESS OR UND STRY S BLOG. 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPAT ON (Kind of work done Cumberland 13d. INSIDE CITY LIMITS? 130 USUAL RES DENCE (Where deceased lived, if institution: Residence before 13c City OR TOWN 13e STREET AND NUMBER Md. 135 COUNTY AlleganuMt. Savage Railroad St. YES 💢 NO 🦳 Office 15. MOTHER'S MAIDEN NAME 14. FATHER S NAME First Orion Robert Claudia McCormick Long hou 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** pencil 214-05-7851 Mrs. Iona A. Long Railroad St. Mt. SAvage, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY CORCNARY THROWBOSTS SADDIN IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove CORONARY SCLEROSIS nse to immed ote couse (o), writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) 21b T ME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d ANJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R F.D. No. City or Town County Stote factory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held on Autapsy X. Inspection 77. Inquiry []. and in my apinion death resulted fram: Natural causes XX Accident . Suicide . Hamicide . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER & February 14. 1969 Benedict Skitarelie, M. D. ADDRESS(Street, city, town, or COUNEERLAND, MARYLAND 230 BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (City or Town) (Stote) St. George Episcopal Cem. Mt. Savage 24 FUNERAL DIRECTOR Cumberland, Md. H. Wayne George VR A15ME (5)



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	01134		ERTIFICATE OF DEATH	01786		
	1. DECEASED-NAME (Type or print) BASIL	Middle Thomas	MARKS	20. DATE OF DEATH Month 202	189 9:07 M	
	3. SEX MALE	4. RACE WHITE	5 DATE OF BIRTH 5-12-06	0 1.05 (11.)0013	TEUNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN	
	70 BIRTHPLACE (Stote or foreign country) PA.	76. CITIZEN OF WHAT COUNTRY? U. S. A.	8 MARRIED X NEVER MARRIED 5 WIDOWED DIVORCED 5	COUNTY OF DEATH ALLEGANY C	O. Md	
	CUMBERLAND	MEMORYAL H		OCCUPATION (Kind of work done	126, KIND OF BUSINESS OR INDUSTRY	
3	13a USUAL RESIDENCE (Where decease odminspar STE AND	d lived, if institution. Residence before	13c. CITY OR TOWN 136 INSIDE CTY LM CUMBERLANDES NO			
/	14. FATHER S NAME First WILLIAM	Middle MARKS	- A.A.A	Middle Middle	HEASTLEY	
i	160. WAS DECEASED EVER IN U.S. ARME Yes, no. or unknown) (If yes give woo	D FORCES? (16b. SOCIAL SECURITY Nor dates of service)	1151100 1 11 1101	SPITAL CUMBE	RLAND, MD.	
	PART I. DEATH WAS CAUSED	one couse per line for (a), (b) and (c)) BY: E CAUSE (a)	_		APPROX MATE INTERVAL BETWEEN ONSET AND DEATH . T 4-2765	
	Canditions, if any, which gave arise to immediate cause (a),	DUE TO, OR AS A CONSEQUENCE OF	ema Store	ach	4-2002	
	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	rollter o' Des	enfransition	3 415	

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/g

19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20o. AUTOPSY?		206. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYIN
210. ACCIDENT WAS UNDE	RLYING 216 TIME OF INDIRY 216 HOW	INTERPT OF IRRE	D. /Enter nature	of announ Part I or Part 7	Itamo 193

OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f, LOCATION City or Town County While Nat while at wark

22a I certify that (I) (this hospital) attended the deceased from 32eE. (0, 1967, to 22.2, 1967, that (I) (we) last saw the deceased alive an 32eE. 2-1962, and that in (my) (aur) opinion death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the body after death.

22b. SIGNATURE ATTENDING DEGREE

PHYSICIAN'S NAME (Type) DURRETT 22e ADDRESS CUMBERLAND.

23a BURIAL, CREMATION, BRINDYAL (Tpecify) 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (City or Town) 2/25/1969 Near Cumberland,

Sunset Memorial Park

Charles

D HOPFITME OR ATTENDING MINSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

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10 FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta

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CERTIFICATION

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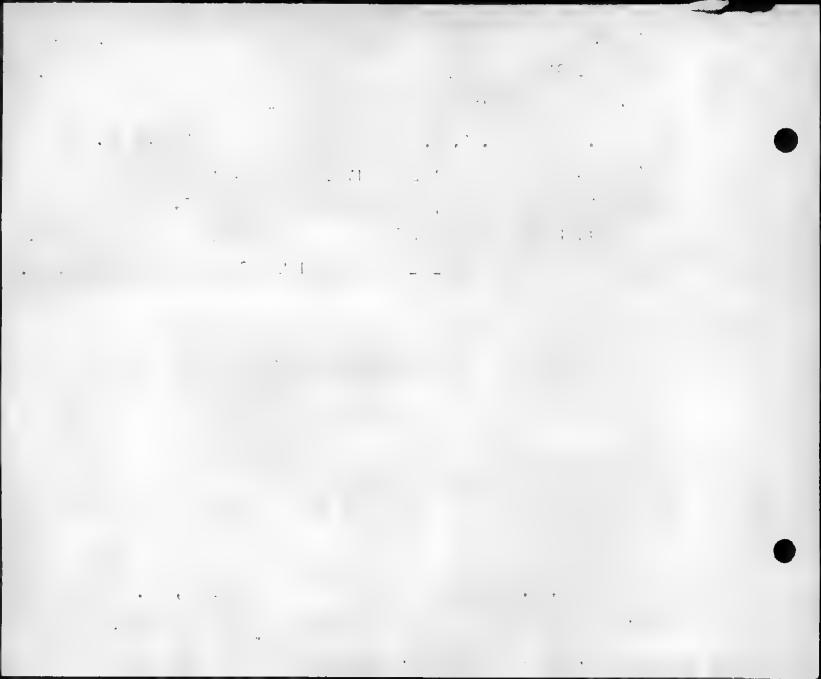
Hafer. Balto Ave. Cumberland

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State



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01787 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last death 2a DATE OF DEATH 2b HOUR executed within 24 hours after death and (Type or print) JOHN 2 Month 2 DADE MC 9:00A 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years HE UNDER 24 HRS WHITE 8-8-22 lost birthdoy) MALE **HOURS** 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED country) US OF A **ALLEGANY** WIDOWED DIVORCED ease remave carbon pape and in any event, within TO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. K ND OF BUSINESS OR gIVSACREDS)HEART HOSPITAL during most of working lifepole on firetired) CUMBERLAND NEWS 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d ANSIDE CITY ELMITS? 13e STREET AND NUMBER 136 COUNTY ALLEGANY MARYLAND **CUMBERLAND** YES TY 520 FAYETTE STREET 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME Fish Middle tast **JAMES** MC DADE (MICHAELS) SARA H MC DADE kion 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT 900 SETON DR. Yes, persunknawn) burial, crematian, ar remayal, 217-14-4153 HOSPITAL RECORDS CUMBERLAND, MD. attending phys APPROXIMATE NTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) permit. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (d) DUE TO, OR AS A CONSEQUENCE OF signed by the burnal-transit p Conditions, if any, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the d far use as the of Health prior to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 206 IF YES, WERE FINDINGS CONSIDERED CAUSES OF DEATH? YES 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) directar, page 3 shauld be detache should be filed with the State Dept. 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R FD No 21d INLURY OCCURRED City or Town County State While Nat while at work 220 I certify that (1) (this-hespital) attended the deceased from 1962, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased olive on.... couses stated above, (1) (we) (did) (did not) view the body after death 226 SIGNATURE ATTENDING PHYS DEGREE DIRECTOR 22d. PHYS CIAN'S NAME (Type) NATIONAL HWY.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

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	OR TOWN OF DEATH Cumberland	7	give s	AME OF HOSPITAL OR IN: street address) 6 Mountain	STITUTION (IF:	ot in hospital	during	ous en		Kind of work do fe, even if retire	ine (12b. KIND OF E INDUSTRY OWN	home
admissio	UAL RESIDENCE (Where on) STATE Maryl	and 1	ved, if institut I3b. COUNTY	ion: Residence before Allegany		rland,	YES X	NO 🗌		et and number Mountai	n Va	iew Dr	ive
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CERTIFICATION 61	d. DATE OF OPERATION	19b. CONI	DITION FOR WH	IICH OPERATION WAS PE	RFORMED	20a. AUT				'ES, WERE FINDIN OF DEATH?	GS CONS	IDERED IN CE	RTIFYING
l s lo	a ACCIDENT WAS UNI] OR CONTRIBUTING ☐ CAUS Feither, natify medical	examiner)	21b. TIME OF HOUR A.M. P.M.	Month Day Year	9		,		af injury	in Part 1 or Par	t 2, Item	18.)	
W at	21d. INJURY OCCURRED While State While of Wark												
2:	2a. I certify that saw the decea causes stated	sed alive	an L	ended the deceas	19 a 7, an	d that in (r	ny) (our)	9 <u>600</u> , apınlan d		curred an the	19_ <i><u>[</u>]</i> e date		(I) (we) la and from th
	26. SIGNATURII	2/	Mi		DEG	11113	M	MED DIRECTOR	R 🗆	STAFF C	22c DAU 2_/	E SIGNED	69
22	2d. PHYSICIAN'S NAME (Type) B	lane 1	M. Sch	indler, M.	D.	22e. AD 43		ne St	t. Cu	mberlan	d. M	ld.	

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**O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial, and caripletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please lemove carban papers. Pages I shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after BURIAL, CREMATION, REMOVAL (Specify) 2/25/69 24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY Lutheran

23d LOCATION (City or Town) Cemetery, Lewistown

(State) (County) Penna.

FUNERAL DIRECTOR

H. Wayne George 202 Greene St. Cumberland,

23b DATE

250. REC'D BY REGISTRAR
DATE FEB 2 6



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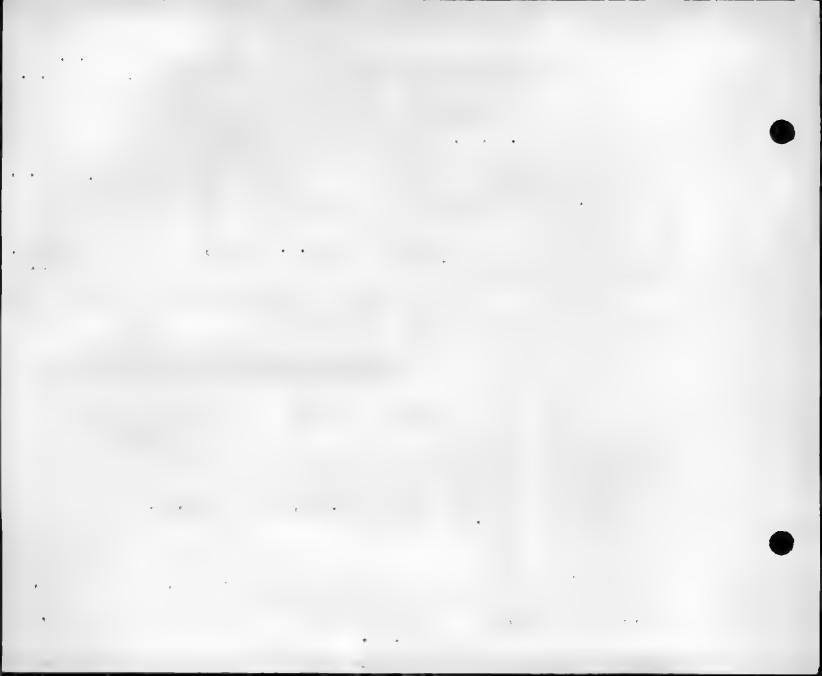
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01300 01792 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2g DATE OF DEATH 2b. HOUR A Manth 02 (Type or print) MARY ٧. MORGAN 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years JE UNGER I YEAR WHITE **FEMALE** 07-19-24 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED TH NEVER MARRIED 9 COUNTY OF DEATH MARYLAND U.S.A. ALLEGANY COUNTY. WIDOWED [DIVORCED [II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital within 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 91VS MERE BOSPITAL during most of working life, even if retired) INDUSTRY requires that the death certificate be executed with **CUMBERLAND** the ottending physician and campletely sit permit. Then please remave carbor and in any event, 13a SUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e, STREET AND NUMBER odm ssion) STATE MARYLAND 138 COUNTY ALLEGANY FROSTBURG YES Y NO 57 BROADWAY 14 FATHER'S NAME First IS MOTHER'S MAIDEN NAME First Middle Last Middle Last **FRANK** SHRIVER (BLANK) MARGARET SHRIVER 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address MD. 21502 Yes, na, ar unknown cremation, or removal, SACRED HEART HOSPITAL, 900 SETON DR., CUMB. NONE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I DEATH WAS CAUSED BY

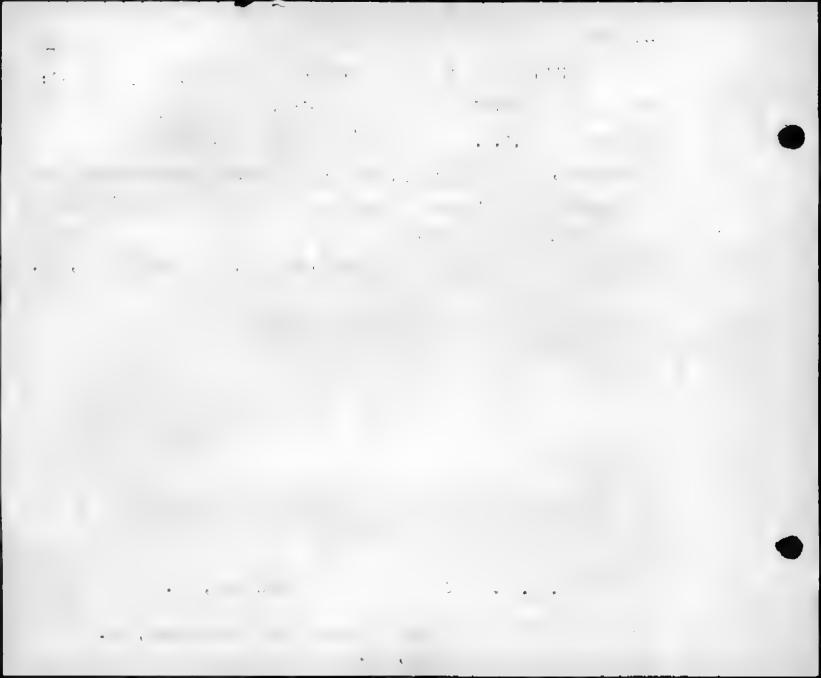
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEAT DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) burial-tronsit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ottending O FUNERAL DIRECTOR: After this certificate has been os the prior to 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? of Health p YES 🔲 Page 4 may be retained by the haspital or 21g. ACCIDENT WAS UNDERLYING 121b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A M Month Day Year (If either, natify medical examiner) P.M. 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 23f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from 700, 1965, to 60, 1969, that (1) (we) last saw the deceased give an 700, and thou in (my) (our) applicable accurred an the date and hour and from the 1969, and that in (my) (our) opinion death accurred an the date and hour and from the director, page 3 should should be filed with the causes stoted abave, (I) (we) (did) (did,nat) view the bady after death 22b SIGNATURE 22c. DATE SIGNED MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) T. LEWIS, M.D. 500 GREENE ST., CUMB., MD. 21502 23b DATE 230 BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) FROSTBURG MEM FROSTBURG. ATTEGANY, MD

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01802 01794 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Lost 2a. DATE OF DEATH requires that the death certificate be executed within 24 hours after death. 25. HOUR (Type or print) PAXTON WILLIAM 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER I YEAR 6 AGE (In veors last birthaay) MONTHS WHITE 7-15-13 MALE 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED X NEVER MARRIED MARYLAND **ALLEGANY** U.S.A. WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR signed by the attending physician and camplefely to burial-transit permit. Then please remayel cather burial, crematian, or remayal, and in any event, with give street oddress)
MEMORIAL durstratton operator GASOLINE CUMBERLAND, 3a. JSUAL RESIDENCE (Where deceased lived, if institution Residence before 13d INSIDE CITY LIM 757 3e STREET AND NUMBER admission) STATE 13b. COUNTY NO X 996 MC MULLEN EGANY 14. FATHER'S NAME Last IS MOTHER'S MA DEN NAME First Middle FRANTZ MC CLURE PAXTON HELEN 16b. SOCIAL SECURITY NO 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 214-05-465 MEMORIAL HOSPITAL CUMBERLAND, APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH 10 kun Conditions, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(If either, natify medical examiner) HOUR A.M. Month Day Year 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at work be retained by the 22b SIGNATURE 22c. DATE SIGNED ATTENDING PHYS MED. DIRECTOR 22d. PHYSICIAN'S CUMBERLAND, MD. IAMES NAME (Type) 23b DATE 23a. BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County) 2/6/69 Sunset Memorial Park
ADDRESS 25e RECD BY Cumberland 24 FUNERAL DIRECTOR 25c RECD BY REGISTRAR VR A15 Byron Kight Cumberland, Md. DATE



MARYLAND STATE DEPARTMENT OF HEALTH 01803 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01795 CERTIFICATE OF DEATH 1. DECEASED-NAME Lost 20 DATE OF DEATH 2h H 200 First death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death (Type or print) DENNIS POWELL FEBRUARY 5 DATE OF BIRTH -1868 6. AGE (In years last birthday) 100 YRS. 3. SEX 4 RACE F. INDER 1 YEAR WHITE MALE MONTHS 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED | NEVER MARRIED | country) MARYL AND USA **ALLEGANY** WIDOWED X DIVORCED [physician and completely filled IO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR during most of working if e, even if retired) CUMBERLAND . MD . 30 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER
708 LAFAYETTE AVE. 13d. NSIDE CTY LIMITS? odmission) STATE CUMBERLAND EX NO ON ond in any 14. FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost POWELL ALBERT SHAFFER LAVINA 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) Unknown HOSPITAL, CUMBERLAND, MD. MEMORIAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (v) Conditions, if any, which gave) rise to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been 19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [2 o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while of work 220. I certify that (I) (this hospital) attended the deceased from 19 _ g and that in my) (our) opinion death accurred on the date and hour and from the sow the deceased alive on_ causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE MED -DIRECTOR DEGREE ST. BLANE SCHINDLER 23b DATE 2/5/69 230 BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (4 Dat Ty) Mt Olivet Cemetery Frederick Frederick Maryland 21502 ADDRESS 2So REC D BY REG STRAR 24 FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE Silcox-Merritt Funeral Service Cumberland, Md DAIFFE 1969

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DECEASED-MAME (Pype or pint) Walter B. Powell Feb. Month Day Vegy CO115 N BY ARCE Walter B. DATE OF BERTH Walter B. DATE OF BERTH JULY 7, 1919 JULY 7, 1919 JULY 7, 1919 Allegary Male Walter B. MARKEDE N VER MARKED JULY 7, 1919 JULY 7, 1919 JULY 7, 1919 Allegary MOUNT OF DATE MOUNT OF DATE MOUNT OF DATE MOUNT OF DATE MOUNT OF MALE COUNTRY OF BEATH JULY 7, 1919 Allegary MOUNT OF BEATH MOUNT OF MALE COUNTRY OF MALE COUNTRY MOUNT		01804	, U	INIDION OF A	IIAL KELUKUS, .				nuke,	MAKILA	ND 2120		017	96
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EMERIFACE (Since or forcing) CHIZEN OF WHAT (QUINTRY) B. MARRIED NEVER MARRIED OUTON OF DEATH COUNTY OF DEATH		Mala		7-1	1. J. d				1010	las	birthday)		INTHS DAYS	HOURS MIN
Levels, W. Va. USA WIDOWED ONDORED O	n i		reion 7t			В						K3		
CITY OR TOWN OF DEATH		ntral	,					KKIED						
Cumberland Divorting Memorial Hospital during most live present returned. Divortive Comemon of the country	0 (E OF HOSPITAL OR INS						-44	ne I	195 KIND OF I	
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A FATHER'S NAME FIRST Middle Floyd POWell Mary Moreland Address Floyd Powell Mary Moreland Address Wes, no, or unknown) Reflect Powell, Ridgeley, W. Va Wife Mary Moreland Address Mrs. Helen Powell, Ridgeley, W. Va Wife M				LAMI COULTY		13c CITY	OR TOWN							
Floyd Powell Mary Moreland 60. WAS DECASED EVER IN U.S. ARMED FORCES? Power of solven	GEE	ission) STATE W.	Va.	M THOO GO	ineral	Rid	geley	AF2 NO	DXI	Rout	e 1			
165. SOCIAL SECURITY NO. 17 INFORMANT 17 INFORMANT Address 165. SOCIAL SECURITY NO. 17 INFORMANT Mrs. Helen Powell, Ridgeley, W.Va.—Wife 187. C. 187	4 1	FATHER'S NAME FI			Lost		1				Middle	8		Lost
New York Control Con			Floyd	P	owell		M	lary ^M or	rela	and				
IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART 1 DEATH WAS CAUSE BY SURJECT OF COND. Co	60.	WAS DECEASED EVER I	N U.S ARMED		6b. SOCIAL SECURITY N							_		
18. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY Sudder Cordian and the provided by the course (b) Sudder Cordian and the provided by the course (c). (b) A. S. Mend disease with mystratial by the part of the course (b). (c) A. S. Mend disease with mystratial by the part of the course (b). (c) A. S. Mend disease with mystratial by the part of the course (c). (c) A. S. Mend disease with mystratial by the part of the course (c). (c) A. S. Mend disease with mystratial by the part of the course (c). (c) A. S. Mend disease with mystratial by the part of the course (c). (c) A. S. Mend disease with mystratial by the part of the course (c). (c) A. S. Mend disease with mystratial by the part of the course (c). (c) A. S. Mend disease with mystratial by the part of the course (c). (c) A. S. Mend disease with mystratial by the part of the course (c). (c) A. S. Mend disease with mystratial by the part of the part of the course of the part of the pa	'	nes, lie, or unknowing	fit les âtre un o	DOGS OF SERVICE?			Mrs. He	len Pov	well	L, Ri	dgele;	y,W		
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Due to, or as a constitution of the underlying couse Col.		4100	,	DUE TO OP AS	A CONSEQUENCE OF	,				d)	4 - 1		21.5	min
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O HOSPITAL OR ATTENDING PHYSICIAN: The III w requires that the death certificate be executed within 24 haurs after a

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban plates shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within





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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01809 01801 CERTIFICATE OF DEATH Middle Lost 2a DATE OF DEATH 1. DECEASED-NAME First 2b. HOURA PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. (Type or print) Roth Daniel Howard February 4. RACE S. DATE OF BIRTH IE LINDER I YEAR E JINDER 24 HRS 3. SEX 6. AGE (In years lost birthday) MONTHS ord-completely filled in by the remove carbon papers. Page in any event, within 72 hours at 1882 White October 5. Male 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED (country) Maryland Allegany U.S.A. WIDOWED K DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitoi 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Office Panager give street address)
Kinch Nursing Home INDUSTRY Insurance Cumberland 130 USUAL RES DENCE (Where deceased lived if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY JIMITS? 13e. STREET AND NUMBER admission) STATE Maryland ALLegany 229 Baltimore Avenue the attending physicial orderom sit permit. Then please remove Cumberland and in any 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Last Roth Amelia Stumpner Charles 16b SOCIAL SECURITY NO 17 INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) Mrs. Richard Smith, 119 Weber St., Cumberland, M 215-01-1583 or removal, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) cremation, signed by the buriol-transit p Conditions, if ony, which gove) nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause buriol, (PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to os the O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [NO X use 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) <u>ja</u> OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Year P.M (If either, notify medical examiner) (AT HOME, FARM, STREET FACTORY,) 21f LOCATION Street or R.F.D. No OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while of work 22a. I certify that (1) (this hospital) attended the deceased from Terrifold, 1968, to July, 1969, that (1) (we) lost saw the deceased glive on 1969, ond that in (my) (our) opinion death occurred on the date and hour and from the director, page 3 should should be filed with the causes stated above, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. 2/19/69 DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Virginia Ave. Cumberland, Md. Clay E. Durrett. 23d LOCATION (City or Town) (State) 230 BURIAL, CREMATION, 23b. DATE NAME OF CEMETERY OR CREMATORY (County) Cremation Baltimore. Maryland BY REGISTRAR 2 T 19 ADDRESS 24 FUNERAL DIRECTOR VR ATS (A) Balto. Ave. Cumberland Mat 30M REV

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MARYLAND STATE DEPARTMENT OF HEALTH 01810 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01802 CERTIFICATE OF DEATH DECEASED NAME First Middle 20 DATE OF DEATH 2b. HOUR Month 19 Day 1968 or OR ATTENDING PHYSICIAN: The taw requires that the death certificate be executed within 24 haurn after death Sapiro (Type or print) Adah Clara campletely filled in by the fun Tove carbon papers. Pages 1 iy event, within 72 haurs after o S. DATE OF BIRTH Dec.6, 1898 3. SEX 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS White lest birthday) Female 9. COUNTY OF DEATH Allegany 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED U.S.A. couldry land WIDOWED | DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give stre & Bees Ma AVO. Appliance Westernport during most of working life, even if retired.) 13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE Md. 13b. COUNTY Allegany burial, cremation, ar removal, and in any event, Westernport 13. STREET AND NUMBER 225 Md. Ave. 14 FATHER'S NAME Medde Laffey IS MOTHERS MAIDEN NAME First Keeda attending physicial and permit. Then please rem James 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, na, ar unknawn) Moses Shapiro Westernport, Md. 214-05-7869 APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? NO S YES 🗔 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21d. INJURY OCCURRED 218. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. City or Town County Stote While Not while at work 220. I certify that (I) (this hospital) attended the deceased from Aldrice, 1962, to 1969, that (I) (we) last sow the deceased alive an Foot 1969, and that in (my) (our) opinion death accurred on the date and haur and from the causes stated above, (I) (we) (did) (did not) view the bady ofter death.

Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar tall VR A15 30M REV

REMOVAL (Specify) Feb. 22. 24. FUNERAL DIRECTOR

Paul R. Wilson

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23b. DATE

22b. SIGNATURE

22d PHYSICIAN S

23a. BURIAL, CREMATION,

NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY St. Peters

ATTENDING PHYS

22e. ADDRESS

DEGREE

23d LOCATION (C ty or Town)
Westernport

(County) (Stote) Md.

22c DATE SIGNED

Westernport, Md.

25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR

MED. DIRECTOR

Piedmont, W. Va.



SHROUT

S. DATE OF BIRTH

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1. DECEASED-NAME 3. SEX bon popers. Pe within 72 hours 76 BIRTHPLACE (State or fore an country) NEW YORK 10 CITY OR TOWN OF DEATH buriol, cremotion, or removal, and in any event, ge 3 should be detoched for use as the led with the State Dept, of Health prior to l director, page 3 should should be filed with the

The law requires that the death certificate be executed within 24 hours after death.

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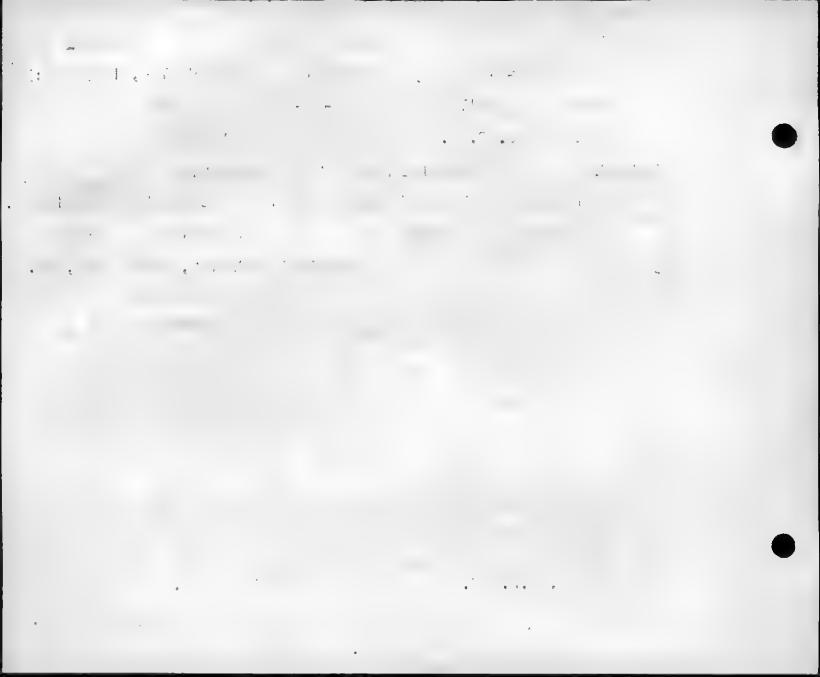
TAYLOR 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no nrunknown) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Conditions, if ony, which gave) rise to immediate cause (a). stating the underlying couse 190 DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTR BUTING CAUSE OF DEATH If either, notify medical examiner) 21d MUJRY OCCURRED 21e PLACE OF INJURY While Not while at work saw the deceased alive an.... 22b SIGNATURE 22d PHYSICIANS BLANE M. 230 BURIAL CREMATION. 23b. DATE PSM PYM ASpecify) FEB. 24. FUNERAL DIRECTOR

6. AGE (In years WHITE MARCH 4. 1880 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED USA WIDOWED X DIVORCED [ALLEGANY 11. NAME OF HOSPITAL OR INSTITUTION (of not in hospitol 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR SYAPTRE HEART during most of working life, even if ret red.) RATLROAD HOSPITAL 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13rt INSIDE CITY LIMITS7 13b COUNTY ELLERSLIE **BOX 93** Middle Last S MOTHER'S MAIDEN NAME First Middle Last SHROUT (JONES) **EMMA** SHROUT 16b. SOCIAL SECURITY NO 17 INFORMANT Address 235-72-1480 HOSPITAL RECORD. 900 BETON DRIVE. CUMB., MD DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. Month Day (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Tawn County State 22a. I certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stoted above, (1) (we) (did) (did not) view the bady ofter death. 22c DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR PHYS. 22e. ADDRESS SCHINDLER. M.D. 43 GREENE ST. CUMBERLAND 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 12 1969 LAHMANSVILLE CEMETERY LAHMANSVILLE GRANT WEST VIRG. 250 REC'D BY REG STRAR PEB 1 1 25b REGISTRAR'S S GNATURE H. LEE SILCOX 404 DECATUR ST., CUMBERLAND MD DATE

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law requires that the death certificate be executed within 24 hours after death rading physician. been signed by the attending physician and completely filled in the funeral state burial-transit permit. Then please remave carban pagers. Pages 1 and 2 art to burial, crematian, ar remaval, and in any event, within 72 hours after death		18. CAUSE OF DEATH (Enter of PART + DEATH WAS CAUS IMMED Conditions, if any, which gave taken to immediate cause (a) stating the underlying couse last.	ED BY IATE CAUSE (a) DUE TO, OR AS A	ONSEQUENCE OF	rax	hem al arts	price	Roge	APPROXIM BETWEEN ON Polician	nate interval set and death
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G PHYSICIAN: the haspital ar this certificate detached far u	MEDICAL CI	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE (If either, notify medical exam	ATH HOUR A.M. I	Month Day Year			,	ory in Port 1 ar Part 2,	Item 18)	
5 PHYSIC the haspin this certi detached e Dept. af	8	at work at work	a. PLACE OF INJURY (AT		1			y or Tawn	County	State
=- <- ::		220. I certify that (I) (t saw the deceased courses stated above	his hospital) attend alive on (e, (l) (we) (did) (di	d not) view the l	ed from 9 Gand th body after deo	not in (my) (our) oth.	ppinlon deoth			(I) (ww) lo
		22d PHYSICIAN'S	47.7	Ville	aine	ATTENDING PHYS	MED DIRECTOR	STAFF PHYS.	DATE SIGNED	100
TO HOSPITAL OI Page 4 may be TO FUNERAL DIR directar, page shauld be filed	-	NAME (Type) UR.	W.F.WMS.			22e CUMBER				
TO HOSPIT Page 4 m TO FUNERA director, I shauld be		Burial Fe	b. 7,1969	Davis	Memoria	al Cem.	Cumb	ON (City or Town) erland, Al		(State) Md •
VR A15 45M - 1 A39		funeral director James F. Scar	pelli, Cu	ADDRESS mberland	, Md.		BY REGISTRAR	25b REGISTRAR'S	SIGNATURE	pr



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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01806 1. DECEASED-NAME Middle Lost 20 DATE OF DEATH 26 HOUR within 24 hours after death (Type or pnnt) 2 Month 5 Doy 69 Year LILLIAN ANGELA SMITH 8:03R 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (In years 2/18/99 FEMALE WHITE 70 BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED [X] NEVER MARRIED 9 COUNTY OF DEATH USA **ALLEGANY** CUMBERLAND, MD. WIDOWED [7] DIVORCED [7] 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done SACRED HEART HOSPITAL during most power street (Free Tretired) composetely to CUMBERLAND. MD. Home 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before | 13c. CITY OR TOWN 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER law requires that the death certificate be executed MARYLAND 13b. COUNTY ALLEGANY CUMBERLAND YES NO 182 N. CENTRE STREET IS MOTHER'S MAIDEN NAME First 14 FATHER'S NAME M ddle Lost Middle JOHN DIGGS CATHERINE HAMMERSMITH DIGGS 900 SETON DRIVE 160 WAS DECEASED EVER IN US ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, no, or unknown († yes give war or dates of service) 705 05 4446 CUMBERLAND, SACRED HEART HOSPITAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) APPROXIMATE INTERVAL 3 mon DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove } burial-transit nse to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OFATH
(If either, notify medical examiner) HOUR A.M. Month Doy Year 21d. INJURY OCCURRED
While Not while of work

21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)

21f LOCATION Street or R.F.D. No While of work director, page 3 should be detache should be filed with the State Dept. City or Town (ounty Stote 22a I certify that (I) (this haspital) attended the deceased fram 12-30, 1965, to 2-5, 1967, that (I) (we) last saw the deceased alive an 2-3 1969, and that in (my) (aur) apiman death accurred on the date and haur and fram the causes stated above, (I) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS DIRECTOR 22d. PHYSICIAN S 22e ADDRESS NAME (Type) DR. WAYNE SPIGGLE 912 SETON DRIVE -CUMBERLAND, MD. 23c NAME OF CEMETERY OR CREMATORY Cumberland, Allegany, Md. 230. BUR AL, CREMATION, 23b DATE BREMOVA (Specify) Feb. 8, 1969 St. Mary's Cemetery 1969 REGISTEAR & SIGNATURE COLOQUE ADDRESS -108 VA. AVENUE Complete the second sec



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH 1201

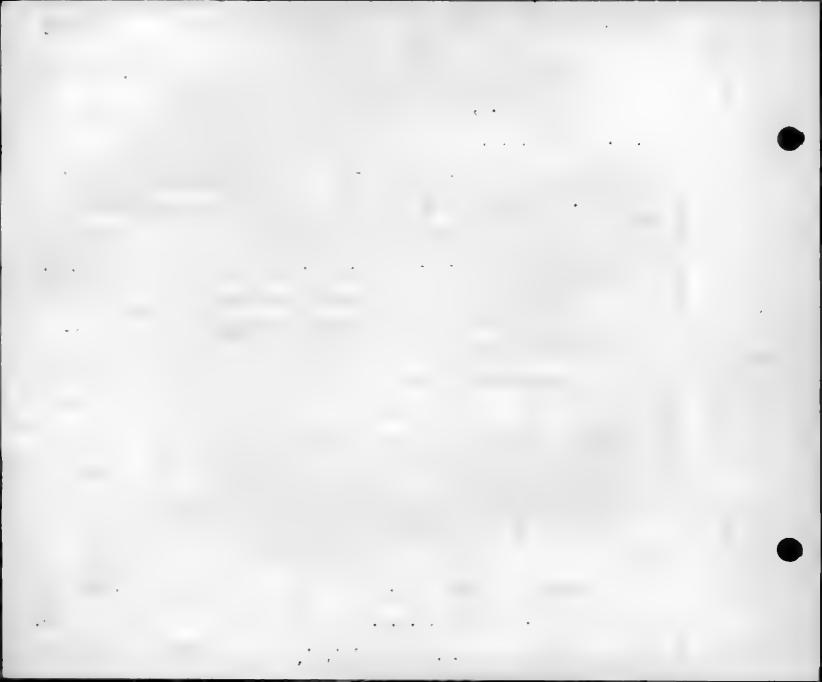
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o FUNERAL DIRE director, page 3 should be filed v	230	BURIAL, CREMATIC	N, 23b. C	ATE	23c. NAME OF	CEMETERY	OR CREMATORY			ON (City or Town)	(County)	(Stote)	
o :≅ &		REMOVAL (Specify Burial	2/	12/69	Hiller	est (Cemetery		Cumbe	rland, A	lleg., N	id.	
1/0 A 1 5 (4)	24	FUNERAL DIRECTOR			ADDRESS			2So. REC'D BY	REGISTRAR		R'S SIGNATURE		
30M REV MER	ph	ilin B.	Wendt	121 Nemori	al Ave-	Cumb) Md.	DATE FE	B 1 3	1969 40	limites (Location.	



VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH 31817 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01809 CERTIFICATE OF DEATH DECEASED-NAME First M ddle completely filled in by the funeral nove corbon papers. Pages 1 and 2 nove corbon papers, Pages 1 each. Lost 20. DATE OF DEATH 2b. HOUR A within 24 hours after death (Type or print) ROBERT Month 02 Doy G. **STOVER** hours after d 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF LINDER 1 YEAR last birthday) 10-21-15 MOLIRS MALE WHITE 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH PENNSYLVANIA U.S.A. WIDOWED [DIVORCED **ALLEGANY COUNTY** event, within 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPAT On (Kind of work done CELANESE CORP dprobuction "Managerd) CUMBERLAND pa(n)axa 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 33c CITY OR TOWN 3d INSIDE CITY JIM TS7 3e. STREET AND NUMBER ALLEGANY YES 🕎 NO **CUMBERLAND** 316 SUNSET DRIVE and in any 14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Last WILLIAM STOVER **BORN**) MAE STOVER requires that the death certificate, MD. 21502 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 6b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no prupknown) burial, cremation, or removal, 220-07-6048 SACRED HEART HOSPITAL, 900 SETON DR., CUMB., APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ORSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by the buriol-transit p Conditions, if only, which gove? nse to immediate couse (a). stoting the underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept of Health prior to 90. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 11-15-68 YES [21o. ACCIDENT WAS UNDERLYING 21. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION 21d. INJURY OCCURRED Street or R.F.D. No. City or Town County State While Not while of work 22a I certify that (I) (this haspital) attended the deceased fram 11 - 12 - , 1968, to 2-26, 1969, that (I) (we) last saw the deceased alive an 2-5-1969, and thot in (my) (our) opinion death occurred on the date and hour and from the couses stoted above, (1) (we) (did) (did nat) view the body ofter deoth. 22h, SIGNATURE 22c DATE SIGNED DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) R. FEDDIS, M.D. 500 GREENE ST., CUMB., MD. 21502 230 BURIAL, CREMATION (County) VR A15 (4) 45M - 1/69

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H. Zeigler, Hyndran, Pa.

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differ fundes I softer	3 5	MALE	4. RACE	WHITE	5. DATE OF BIR 8 -29 -3			IF UNDER 1 YEAR 1F UNDER 24 HRS MONTHS DAYS HOURS MIN
in 24 haurs filled in by papers Per hin 72 haur	COU	BIRTHPLACE (State or fareign ntry) MARYLAND	7b. CIT ZEN			CED 🗌	Y OF DEATH ALLEGANY	Md
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i executed within and completely from only event, with	13a odm	USUAL RES DENCE (Where dission) MARY LAND	eceased lived, if 13b. COI	nstitution Residence before JNTALLEGANY	MT. SAVAGE	YES X NO A	Be STREET AND NUMBER RT. # I BOX 63	21545
n and c	14	FATHER'S NAME First ALBER		ddle Last SWAUG	ER HAZEL	IDEN NAME First	Middle	CORDON
physician of hen please naval, and in	160 Y	WAS DECEASED EVER IN U.S. (If yes	ARMED FORCES? give war or dates of ser	16b. SOCIAL SECURITY 229-32-43		CHART 90	CRED HEART HO SETON DRIVE	CUMB, MD.
equirem that the death of physician. Signed by the attending burial-transit permit. It burial, crematian, or rem	NOI	Conditions, if only which grass to immediate couse istating the underlying colost.	AUSED BY. MEDIATE CAUSE (o OVB) (a). Juse) (CONDITIONS CO	O, OR AS A CONSEQUENCE OF	Ancelotite Labeled to the TERMINAL		GIVEN IN PART 1(0) Do IF YES, WERE FINDINGS COI	APPROXIMATE HALL AS BETWEEN ONSET AND DEATH 2.8 Liv _ 7 days NSIDERED IN CERTIFYING
IIG FINSICIAN: y the haspital or r this certificate e detached for u ate Dept. of Heal	MEDICAL CERTIFICATION	21 d. ACCIDENT WAS UNDER OR CONTRIBUTION CAUSE O If either, natify med and ex- 21 d. INJURY OCCURRED While Not white of work QLWORK	RY NG 21b HOUR	ME OF INJURY A.M. Month Doy YEOR P.M. AT HOME FARM, STREET, FAI OFF CE BUILDING, ETC.	21c HOW INJURY OCC.	JRRED (Enter nature o	AUSES OF DEATH? f in Jry in Port 1 or Port 2, Ite City ar Tawn	•
TO HOSPITAL OR ATTEINING Page 4 may be retained by TO FUNERAL DIRECTOR: Aft director, page 3 shauld be shauld be filed with the St	230	22d PHYS CIAN S NAME (Type) BUR IAI, CREMATION, PEMOVAL (Sperify)	ARTIN M.	ROTHERTEIN 23c. NAME OF	DEGREE ATTENDING PHYS 22e ADDR 48 B CEMETERY OR CREMATORY	MED. DIRECTOR ESS BROADWAY ST 23d LC	STAFF DYNYS D 22c. DA PHYS D 2. SMM FROSTE (CATION (City or Town)	RIE SIGNED BURG, MD. 21532 (Caunty) (State)
VR A15	人 M	ARTLOUGH. S	OWERS.	HAFER-SOWE	BURG MEM. P RS FUNERAL AIN FROSTBU	250 RECD BY REGISTR	OSTBURG AL	LEGARY, MD.

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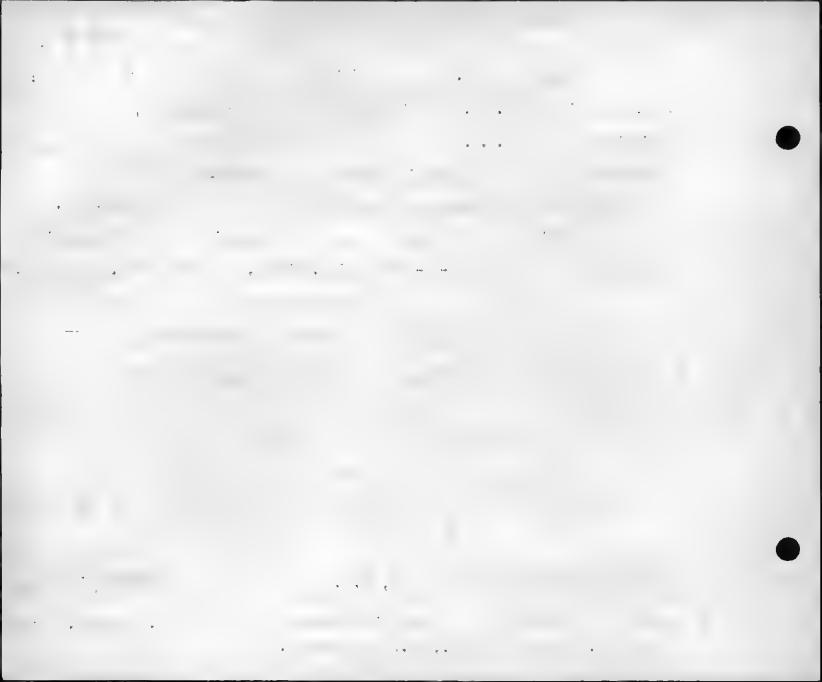
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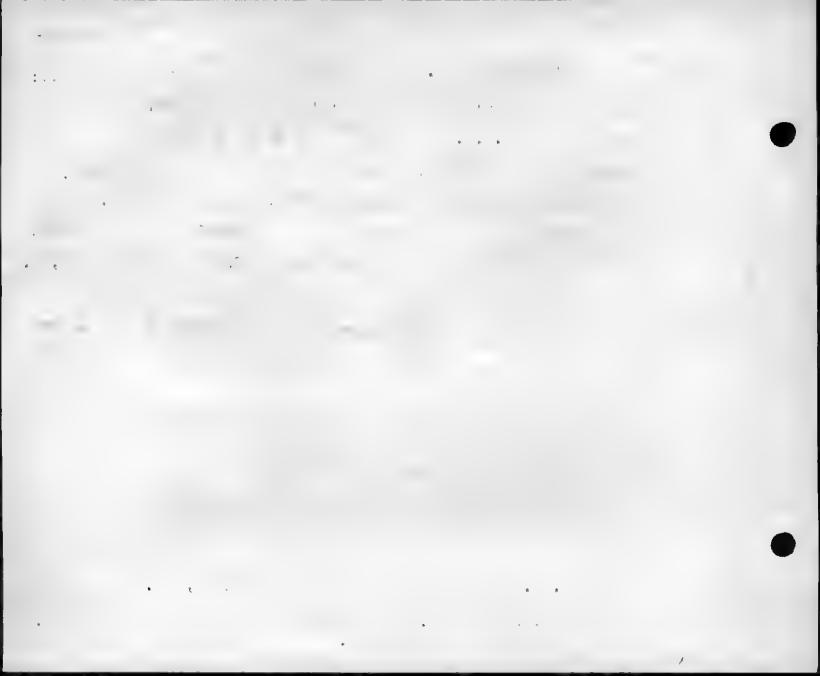
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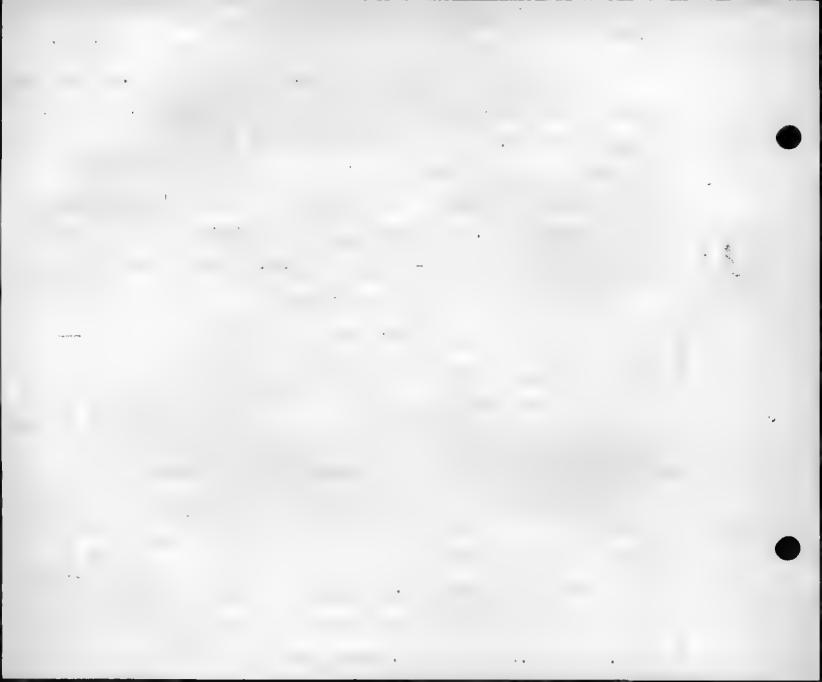
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01812 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED NAME First Middle 20 DATE KNOWN 26 HOURP Month Day (Type or Print) ESTI-Olga Swisher DEATH MATED 4 RACE JE HINDER & YEAR IE UNDER 24 HRS 3 SEX S. DATE OF BIRTH 6 AGE (in years 2c DATE PRONOUNCED DEAD 2d HOJRD oud rast birthday) Oct. 30, 1892 76 YRS Female White 7o. BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED Michigan DIVORCED [U.S.A. Allegany
12a USUAL OCCUPATION (Kind of work done land 2 with the State 10. CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 126 KIND OF BUSINESS OR during most of working life, even if retired)
Housewife give street address) INDUSTRY DOA Memorial Hospital Cumber land 130 USUAL RES DENCE (Where deceased tived, if institution; Residence before 13c CITY OR TOWN 13d INSIDE CITY DIMIJS? 13e STREET AND NUMBER 13b COUNTY egany odmission) STATE Vand 00 YES 🔽 NO 🦳 Cumberland 208 Maryland. ofter (¢m 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Gustoff Kolbe Brenki Annamarie hours forwarded to the Chief Medical Examiner's poges 166 SOCIAL SECURITY NO 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS (Yes. no. or unknown) (If was give war or dates of service). 216-18-1385 Farl L. Wilson, 915 Harding Ave. Cumberland M. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH within CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
 PART 1 DEATH WAS CAUSED BY SUDDEN OCCLUSION CORONARY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if aily, which gave CORONARY SCLEROSIS ase to immediate couse (a). This certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 removal, be used a 19g. DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION 20. AUTOPSY? 0 WAS PERFORMED? NO X certificote, YES 🔲 should be 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 5 may be retained for your mes.

O FUNERAL DIRECTOR: Page 3 should Health prior to buriol, cremation, or MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Store WHITE MOT WHILE AT WORK factory, office building, etc.) 22a. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection 3. Inquiry X and in my apinian death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER February 27, 1969 EXAMINER'S BENEDICT SKITARELIC, M.D. ADDRESS(Street, c ty, town, or conDIMBERLAND, MARYLAND NAME (Type) 23g BURIAL CREMATION 23r NAME OF CEMETERY OR CREMATORY 236 DATE 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 3/2/69 Rose Hill Cemetery Burial Cumberland, Allegany, Marylan 250 REGISTRAR S HENA 24. FUNERAL DIRECTO 25a. REC D BY REGISTRAR 230 Balto., Ave., Cumberland, MAK





1 1		MARYLAND STATE DEPARTMENT OF HEALTH							
FOR STATE		01822 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01814						
HEALTH DEPT.		ECEASED NAME First Middle Lost 20 DATE KNOWN TO Month 6	Day Year 2b HOUR						
	-	Type or Print) Cora Alice Teeter OF ESTI DEATH MATED TEED, 15	1969 5:30p						
lay is 1 3 ta Page ent of	3 S	EX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF JNDER 1 YEAR F JNDER 24 HPS 2c DATE PRONOUNCED DEAD	2d HOUR						
ony delay 2, and 3 1 PM3. Pa	$F\epsilon$	emale White May 5, 1890 78 YRS HOURS MAN Month Day February 15, 196	9 Year 19 5:30m						
ony e-Ho		BIRTHPLACE (State or foreign 7/2 CITIZEN OF WHAT COUNTRY? I.B. MARRIED TO NEVER MARRIED 1 9 COUNTY OF DEATH							
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Give Pages ong with far the Stafe th.	12.	Competitation Down Memorial Hospital Housewile	Self						
de Ki alima	130	admission) STAMaryland 13b COUNTYAllegany Flintstone YES NO K) Murley's Branch							
haurs Item 14 Office Jand2	14 F	ATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Lost						
T c v/ u m		James A. Shreve Smildia	Ayers						
		WAS DECEASED EVER IN U.S. ARMED FORCES? [65, no, or unitypown) [17, INFORMANT ADDRESS 16b. SOCIAL SECURITY NO. 17, INFORMANT ADDRESS 17, INFORMANT							
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ecuted ing" in edical E ermit. F within		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH						
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@ ± + _ D		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	1						
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te, writing farwards as temaval,	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED™	20. AUTOPSY?						
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年 ユ ロ		216 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Day, Year HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item	1 18.)						
INER Shau files Shau aria	MEDICAL	CAUSE OF DEATH P.M. 19 21d IN-URY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f LOCATION Street ar R.F.D. Na City or Tawn	County State						
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유도 회수도 그		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection XX Inquiry XX.	ond in my opinior						
ICAL E executor. Por ed far CTOR: burial,		deoth resulted from: Natural causes 🔯, Accident 🗌, Suicide 🔝, Hamicide 🔲, Undetermined monner							
direct train		CHIEF MEDICAL EXAMINER							
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r SIC	certification of He	MEDICAL	(If either, notify medical examination 21d. INJURY OCCURRED 21e.		T HOME FARM STREET FAM		ON Street or R.F.D.	Al- C-A		(- 1	C+ +
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0 4			22d PHYSICIAN S	1/1/2/2		DEGREE	PHYS 22e. ADDRESS	-DIRECTOR -	PHYS L	1.3/ 6 7	
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TO HOSPITAL	or Function of the factor of the factor of float director, page 3 should be detached for us should be filed with the State Dept. of Heal	23.0	BJRIAL, CREMATION. 23b. [CEMETERY OR CRE	·			((154-4-2
O H	Park /		EMANTER aty) 2/	6/1969	Hillcre	est Buria	al Park	Near	ON (City or Town) Cumberland,	Alleg	Md (State)
-	- 10	24	FUNERA OUTLETOR	76/	ADDRESS				1025 REGISTRARS		
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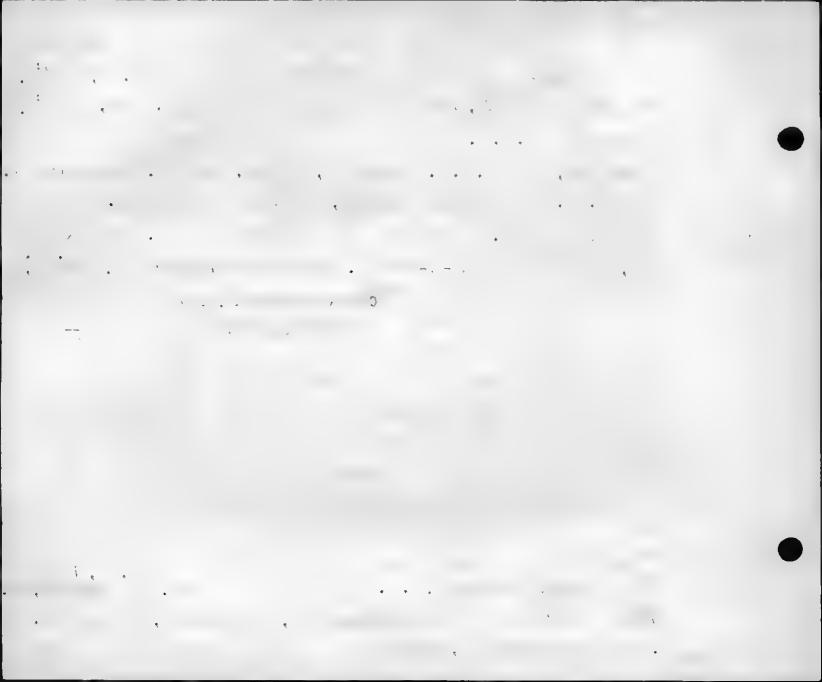


-	MARYLAND STATE DEPARTMENT OF HEALTH	
* 4	01825 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
4	CERTIFICATE OF DEATH 0181	7
# E SE	CEASED NAME First Middle Last 2a, DATE OF DEATH	20 HOUR VI
de d	YPE OF PRIORY A. VALENTINE FEBRUARY 20, 19	69 7:12
th the safter rs after rs after	FEMALE 4 RACE WHITE 5. DATE OF BIRTH 2-23-1889 6 AGE (In years FUNDER - YEAR MONTHS OA) YRS FEMALE	
4 hour d in by sers. P	IRTHPLACE (State or foreign VI) PENNA. 75 CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED DIVORCED	Md
De executed within 24 hours nand completely filled in by the remove carbon papers. Pod in any event, within 72 hours	TY OR TOWN OF DEATH UMBERLAND II NAME OF HOSPITA, OR INSTITUTION OF THE PROPERTY OF THE PROP	OF BUSINESS OR
ruted v omplete ove carl	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before sistin) STATMARYLAND 13b COUNTYALLEGANY CUMBERLANDYES NO 322 RESERV	OIR AVE
be exemple of the second of th	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle TWIG	G Lost
physician en please oval, and i	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 177. INFORMANT WEMORIAL HOSPITAL, Address CUMBERLAN 178. INFORMANT 179. INFORMANT 170.	D, MD.
he death certification is attending physicion plemit. Then ple	PART . DEATH WAS CAUSED BY WAS	OX MATE INTERVAL N ONSET AND DEATH
the state of the s	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave mose to immediate cause (o). Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF Conditions to the underlying cause DUE TO. OR AS A CONSEQUENCE OF Conditions to the underlying cause DUE TO. OR AS A CONSEQUENCE OF CONSEQU	o day=
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of the	YES NO CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)	
SICIAN spitol ertifica ed for cof He	□ OR CONTRIBUTING □ CALSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) P.M. 19	
G PHY the ho r this c detoch	21d. INJURY OCCURRED While Not while of wark 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) OFFICE BUHLDING, ETC 21f LOCATION Street or R.F.D. No. City or Town County	State
TO HOSPITAL OR ATTENDING PHYSICIAN: The low repose 4 may be retained by the hospitol or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	22a. I certify that (I) (this hospital) attended the deceased from 1966, to 266, to 266, the saw the deceased ative an 1966, the date and have causes stated obave, (I) (we) (did) (did not) view the bady after death.	at (I) (we) last or and fram the
OR AT DIRECTO	226 SIGNATURE Clouds STAFF 220 DATE SIGNED DEGREE PHYS MED. STAFF 220 DATE SIGNED 2/2/2/6	69
SPITAL 4 may VERAL I for, pag Id be fil		ND, MD.
TO HO Poge TO FUr direct shou	BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County). **RESUMPTION** 2/23/1969 Sunset Memorial Park Near Cumberland Alle	eg Md
VR A15 144 45M - 1458	Charles E. Hafer, 230 Balto Ave. Cumberland pard FEB 24 1969	Judge

1	1	1	Ite	ems 5%6 Film Gilo MARYLAND STATE DEPARTMENT OF HEALTH 3/14/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR S	STATE		1	A A A A A SAFERICAL EVALUATION CERTIFICATE OF REATH	1818
EALTH	DEPT.			DECEASED NAME First Middle Last 2a DATE KNOWN Manth Day (Type or Print) OF ESTI-	Year 2b HOUR
g 4 5	XeX		(1	MARGARET S. VANDERGRIFT DEATH MAIED 2 26	1698 A
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ond W	CEX			FEMALE WHITE JAN. 6 1909 \$552 VRS 2 26	169 1 169 IL 18
1,2 E	Dep	/	7a B	BIRTHPLACE (State or foreign 7b. Cit ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
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ertifi:	les. should tian, o		MEDICAL CERTIFICATION	PRIMARY OR CONTRIBUTING HOUR A.M. 19 PRIMARY PRIMARY OR CONTRIBUTING PRIMARY PART 19 P.M. 19	·)
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te the	oge crem			WHILE NOT WHILE AT WORK AT WORK AT WORK	
Pog Pog	for y			22a. I certify that I toak charge of the remains described above, held on Autopsy, Inspection 🔀, Inquiry 🔀,	and in my apinio
e eg	bur Ed			death resulted fram: Notural couses 🗶, Accident 🗌, Suicide 🔲, Homicide 🔲, Undetermined manner 🔲	
leas dire	DEN DEN To			CHIEF MEDICAL EXAMINER	
X D	AL prio	- }		SIGNATURE Lene dect Sketareliche ASSISTANT MEDICAL EXAMINER 226. DATE SIGNI	
SSOT	FUNER FUNER	2		EXAMINER'S NAME (Type) PENEDTOT SKTTADETTC M D PODDRESSING CONTINUE PRODUCTION MD	,1969
necessary, the funero	5 moy O FUNE Health	25.	230	NAME (Type) RENEDICT SKITARELIC M.D. RYDDRESGStreet CUMBERTIAND MD. 2. BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Court	nty) (State)
-	1			REMOVAL (Specify) MAR. 1,1969 DAVIS MEMORIAL PARK CUMBERLAND, MD	
	_	1		FUNERAL D RECTOR ADDRESS 25g REC.D BY REGISTRAR 2SD REGISTRAR S SIGNA	ATJRE
10/	R A15MF (5) Y	X		BYRON KIGHT CUMBERLAND, MD. DAMAK 3 1969 Junilar	Yourse.



		11 82	3 DIAI2IO	n of Vital Ri	CORDS, 301 \	W. PRESTO	N STREET, BAL	LTIMORE, MARY	LAND 21201		
FOR STATE		7 4 0 14		MEDIC	AL EXAMI	NER'S C	ERTIFICATE	OF DEATH		0	1819
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y i	3 SE	·	4. RACE	<u> </u>		5. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.	2c. DATE PRONOUNCED DEA		1969 A M
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within 24 pencium xammers xammers 72 hours			VER IN U.S. ARMED	FORCES? war or dates of service)	166 SOCIAL SECUR		17. INFORMANT		ADDRESS		W. Va.
withir n penci Examin File pa	(10	es, na, or unkna	(II pas grae	wal at autes of service)	214-07-	0431	Mr. A Le	<u>e VanMete</u>	r 17 Mineral	St.	Ridgeley.
111 /11		1B. CAUSE O	F DEATH (Enter on	ly one couse per l	ine far (a), (b), and	d (c).)					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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To 199	MEDICAL		OR CONTRIBUTING			19					
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		WHILE AT WORK		ktory, affice building	ig, etc.)	ee,	27 LOCATION STEE	FIGURED NO	City of Town	000	inj State
		22a. I	certify that I t	aak charge af t	he remains des	cribed abay	re, held an Aut	tapsy 💢, 🛮 In	spectian 🔀, 🛮 Inquiry	/ X	and in my apinian
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beputy blease exceptions of the prior to buring the prior to burin		EXAMINER'S NAME (Type)	RENE1	DICT SKIT	TARFITC	M. D.					
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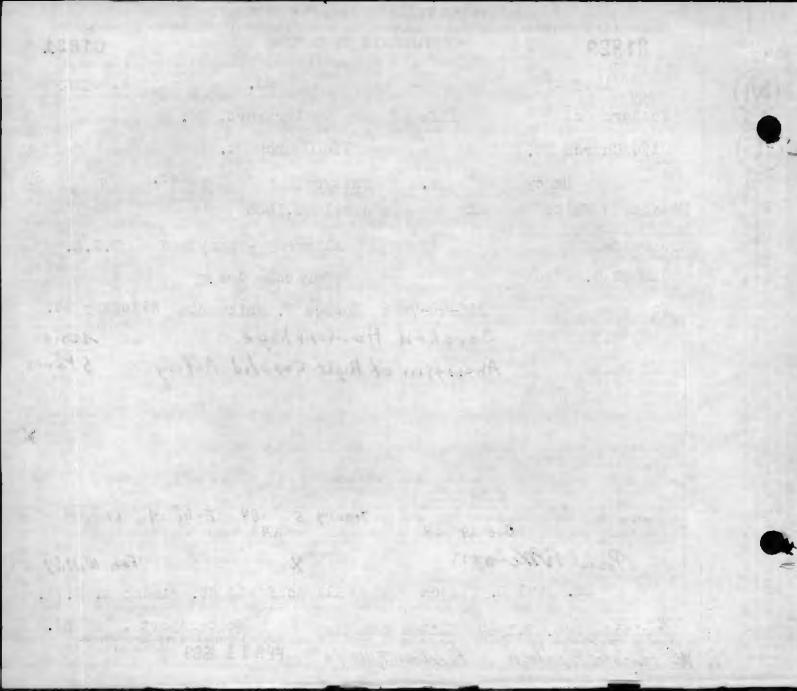
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	018	29		CERTIFICA	ATE (OF DEATH	1		0	1821
	PLACE OF DEATH				2.	USUAL RESIDEN	CE (Whare de		tution: Residen	ce before admission
		llegany		MARYLAN	ID	e. STATE	Md.	b, COUNTY	Alle	egany
	b. CITY OR TOWN (i	f outside corporete limi give neerast town)	is,	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If outside corpo	orete limits, write RU		
	Westerr	port		life		Wester	nport.	Md.		
(d. NAME OF HOSPIT	AL OR INSTITUTION (if not in hosp	ital, give street eddress)		d. STREET ADDRESS				e. IS RESIDENCE
	156 Ch	nurch St.				156 Chur	ch St.			YES NO
	NAME OF DECEASED	First		Middle		i.esi	4. DATE	Month	Day	Year
	(Type or print)	Nancy		P.	Wh	itworth	DEATH	Feb.	4	19 69
inter	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		TE OF BIRTH		AGE (In years IF last birthday) M	onths Deys	IF UNDER 24 HRS.
	emale	White	WIDOWED		1 1	ril 28,1		SO yrs.	1	
10a do:	 USUAL OCCUPATI ne during most of wor 	ON (Give kind of work	(10b. Kit	OF BUSINESS OR IND	USTRY 1	I, BIRTHPLACE (Cour	nty & Stete, or	foreign country)	12. CITIZEN C	OF WHAT COUNTRY
	Housewife	9				Allegan	у - Ма	ryland	U.S	.A.
13.	FATHER'S NAME				14.	MOTHER'S MAIDEN				
o.P.		G. Dixon		=		Persos	ha Gre	gg		
		ER IN U.S. ARMED FOR fyesgivewerordetesofs		OCIAL SECURITY NO.				Address		
-	NO	EATH Enter only one		16-46-764	6 H	orace P.	Whitw	orth A	llegar	TERVAL BETWEEN
		H WAS CAUSED BY:			4-				11.75	SET AND DEATH
	112x 0	IMMEDIATE CAUSE (+)	-	orabrd	1) 5	WEFFA	y x	-		wonk_
	430.9	DUE TO	Az.	errysm e	. 1 R	with Car	chil	Antons		5 Years
	Conditions, it any geva risa to immedi	ate ceuse		aurysm o		1941	V/14	1111 219		V /
	(a), stating the uncause lest.	ndarlying DUE TO								
z		SIGNIFICANT CONDI	TIONS CON	RIBUTING TO DEATH BU	IT NOT RE	LATED TO THE TERMI	NAL DISEASE	CONDITION GIVEN	IN PART 1(a)	19. WAS AUTOPSY
CERTIFICATION										PERFORMED?
IFIC.	206. ACCIDENT W	AS UNDERLYING	20b. DESC	RIBE HOW INJURY OCC	URED. (En	ter nature of injury in	Pert I or Pert II	of item 18.)		7
CERT	OR CONTRIBUTING	MEDICAL EXAMINER								
	20c. TIME OF INJU	RY Month, Day, Ye	er 20d. II	NJURY OCCURRED 20e		OF INJURY (Home, fari		or town)	(County)	(State)
MEDICAL	Hour a.m.	19	While at work	Not While at work	fectory,	street, office bldg., etc	1.)			
~	p.m.			ed the deceased fr	om 76	2 mean	1964 to	Fob. 4	1969	that (I) (we) la
	easy the decease	ne (i) (iiiis iiospi	Dec	291968, and	that de	ath occured at A	A.M. from	the causes an	d on the d	ate stated abov
	an Claritation				mar ao					226. DATE
	N.	nul SVII	Wes.	m	M.D.		MED. DIRECTOR	STAFF PHYS.	Fah	10,1969 SIGNE
	22c. PHYSICIAN'S				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22d. ADDRESS				1114/
	NAME (Type)	Dr. Pau	l R.	Wilson		111 Ash	field	St. Pie	dmont,	W.Va.
230	BURIAL, CREMATI	ON, 236. DATE THE	REOF	23c. NAME OF CEMET	ERY OR	CREMATORY	23d. LOCA	ATION (City, lown	or county)	(State)
	REMOVAL (Specify)		,1969	Philos	Ceme	tery	Wes	ternpor	t,	Md.
24	FUNERAL DIRECTOR	S SIGNATURE	0	ADDRESS	1	25e. RE		RAR 256. REGIS	TRAR'S SIGNA	TURE
V	V. Haro	ld Fredlor	-K	Ludmon	T, W	1/7 DATE	FRIT	1969 /		15



01830

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

01822

1. DECEAS		First ELS I E		Middle ELVA		YATES		2a. C	DATE OF 2		19 Day	69 Year	25. HOUP 9: 10 M
3. SEX	FEMALE		4. RACE WH	ITE		S. DATE OF				6. AGE (In)	rears ay) YRS.	MONTHS DAYS	HOURS MIN
country)	MD.	eign 76	US OF	A	WIDOWED		ORCED 🗌		NTY OF				Md
Cu	OR TOWN OF DEATH		give s	ME OF HOSPITAL OR IN	EART H	OSP.	during (mast of w	orking I	(Kind of wa life, even if s	retired.)	126. KIND OF INDUSTRY	BUSINESS OR
admission) STATE M	e deceased D.	13b. COUNTY	on: Residence before LLEGANY	FROS		YES T	NO X	13e. STR	EET AND NU	MBER		
	R'S NAME Firs	PH	Middle	PERDE\	N		MAIDEN NAME LT) MAI				Middle	Р	ERDEW
	DECEASED EVER IN		FORCES? r dates of service)	214-07-09		INFORMANT OSPITA	L RECO	RDS		A	ddress90 CUM	O SETO	N DR. D. MD.
rise stoti last. PAR		cause	(c)	S A CONSEQUENCE OF	IOT RELATED T	O THE TERMIN		R CONDITIO				ONSIDERED IN C	ERTIFYING
CERTIFICATION 510°	ACCIDENT WAS UN	IDEDI VINC	21b. TIME OF	DIDDY	191. 1	YES [_	CAUSES	OF DEATH?			
ਤ □•	R CONTRIBUTING CAL	ISE OF DEATH	HOUR A.M.	Manth Day Year	9	IOW INJURY C	OCCURRED (En	ter nature	מז וחווערן	y in Part I o	r Part Z, F	tem 18.)	
21d Whi	. INJURY OCCURRED ile Nat while ark at wark	21e. PL	ACE OF INJURY	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f. L	OCATION Str	eet or R.F.D. N	lo.	City	or Tawn		Caunty	Stote
	saw the dece	osed olive	e dn	did not) view the	19 . on	d that in (pinian d		ccurred or	the dat	, that le and haur	t (I) (we) lost and fram the
	PHYSICIAN'S	pp	Her	Low	1 pres	TEL PHYS.	1	MED. DIRECTOR		PHYS.		THE STOTES	
	ALCOHOLD A	MATTH	EW KAUF	FMAN, M.S.			SETON	DR.	, CU	MBERLA	AND,	MD.	
BURT	IAL, CREMATION, IQUAL (Specify) RAL DIRECTOR	FEB.		23c. NAME OF FBG.	MEMOR	4			FRO	N (City or To	. MD	(County)	(Stote)
	מ שמשפח	DIDE	יים אים מיים		2151	22	EF	ROA	100	2Sb. RE	T. Wall	They Store	Sign .

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the uneral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death. VR A1:

n 24 hours ofte

uted with

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exect

Page 4 may be retained by the haspital ar attending physician.

\$2820						BALLIN
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		t sil	J0 F2 017	Y1: 10 1.1Y	(1	.f#
Logita .		(יונד) ורטוי)		f (: {\varepsilon},		Hillsoft
BUL SETURE III. Christi Land. No.		TAL RECORDS	430H 60	212-07-0		
		NO MOTES SIG			EURN HIEHT	TOM
					Major.	

C- CONTRACTOR OF THE PROPERTY